

French Medical Reform and American Medical Observers in Paris, 1820-1840

by

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Abstract

During the eighteenth century, there were calls for the reform of French medicine from numerous quarters. Intellectuals, social reformers, physicians and surgeons alike recognized the shortcomings of overcrowded hospitals and variable standards of medical education. By the end of the eighteenth century, the events of the French Revolution had created a climate in which change could occur. As a result of various institutional, professional and theoretical reforms in French medicine, by the 1820s France had advanced to the forefront of the medical world.

The increased opportunity for practical experience that was one of the defining features of the new French medicine drew hundreds of foreign medical professionals and students to France. This thesis analyses the perceptions of American medical observers in particular, and finds that their observations shed valuable light on the changing face of French medicine. In particular, the commentaries of American medical men provide insight into the changing conception of medical authority, as chronicled by the influential scholar Michel Foucault.

To Phoebe
my fuzzy muse

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Introduction

The final decades of the eighteenth century were a time characterized by upheaval. The French Revolution, which officially began in 1789 with the formation of the National Assembly, reshaped and reformed – in one way or another – every aspect of life in France and had far-reaching implications for the rest of Europe. In the span of a decade, France experienced the abolition of feudalism, the execution of its ruler, near-constant military threats on all borders, a new revolutionary government every few years and accompanying constitutions that were drafted but rarely lasted very long – much like the short-lived governments themselves. Amidst this background of radical political reform, French society and institutions were also transformed; the Catholic Church lost much of its land and power, the nobility were stripped of their hereditary rights, and the principles of *liberté, égalité, and fraternité* were espoused.

Due to the breadth of the subject, there exists a staggering amount of scholarship on the topic of the French Revolution. Even if one further narrowed the topic to encompass the social and institutional reforms that came about as a result of the Revolution, there would still be a vast amount of literature. Historians such as Alfred Cobban, Thomas Beck and Robert Forster have studied the impact of the French Revolution on the privileges and power of the nobility¹, while others – notably, James Livesey, D.M.G. Sutherland, David Andress and John Markoff – have focused on the subject of the peasantry and urban commoners.² Sarah Maza and Colin Jones have

¹ See Alfred Cobban, *The Social Interpretation of the French Revolution*, Cambridge: Cambridge University Press (1964); Thomas Beck, “The French Revolution and the Nobility: A Reconsideration,” *Journal of Social History* 15:2 (1981): 219-233; Robert Forster, “The Survival of the Nobility during the French Revolution,” *Past and Present* 37 (1967): 71-86.

² See James Livesey, “Material Culture, Economic Institutions and Peasant Revolution in Lower Languedoc, 1770-1840,” *Past and Present* 182 (2004): 143-173; D.M.G. Sutherland, “Peasants, Lords and Leviathan: Winners and Loser from the Abolition of French Feudalism, 1780-1820,” *Journal of*

debated the rise of the bourgeoisie in Revolutionary France³, while Olwen Hufton and Suzanne Desan have explored how the Catholic Church survived as an organization.⁴ Still others – Alan Forrest and Isser Woloch – have directed their scholarly attention to the plight of the poor in both rural and urban France during the Revolution.⁵ Lisa DiCaprio, Denise Davidson, Jennifer Heuer and Anne Verjus have examined the changing role of women in Revolutionary France.⁶

The above historians represent only a small segment of those who have contributed to the scholarship of a fairly narrow portion of the subject of the French Revolution. A significant issue related to that of social change is the state of medical care and medical science in eighteenth- and nineteenth-century France. Throughout the course of the Revolution, French hospitals – and French medicine in general – underwent a remarkable process of reform and refinement, culminating in the mid-nineteenth century with the ascension of Paris as the medical capital of the world. A series of critical changes - hospital reform, the development of pathological anatomy, and a restructuring of the medical education system – led to French medicine achieving

Economic History 62 (2002): 1-24; David Andress, *The French Revolution and the People*, London: Hambledon (2004); John Markoff, "Violence, Emancipation and Democracy: The Countryside and the French Revolution," *American Historical Review* 100 (1995): 360-386.

³ See Sarah Maza, "Luxury, Morality, and Social Change: Why There Was No Middle-Class Consciousness in Pre-Revolutionary France," *Journal of Modern History* 69 (1997): 199-229; Colin Jones, "Bourgeois Revolution Revivified: 1789 and Social Change," in Colin Lucas, ed., *The French Revolution and Social Change*, Oxford: Oxford University Press (1991): 69-118.

⁴ See Olwen Hufton, "The Reconstruction of a Church 1796-1801," in Gwynne Lewis and Colin Lucas, eds., *Beyond the Terror: Essays in French Regional and Social History, 1794-1815*, New York: Cambridge University Press (1983); Suzanne Desan, "Redefining Revolutionary Liberty: The Rhetoric of Religious Revival during the French Revolution," *Journal of Modern History* 60:1 (1988): 1-27.

⁵ See Alan Forrest, "The Condition of the Poor in Revolutionary Bordeaux," *Past and Present* 59 (1973): 147-177; Isser Woloch, *The New Regime: Transformations of the French Civic Order, 1789-1820s*, New York: W. W. Norton (1994).

⁶ See Lisa DiCaprio, "Women Workers, State-Sponsored Work, and the Right to Subsistence during the French Revolution," *Journal of Modern History* 71:3 (1999): 519-551; Denise Davidson, "Women at Napoleonic Festivals: Gender and the Public Sphere during the First Empire," *French History* 16:3 (2002): 299-322; Jennifer Heuer and Anne Verjus, "L'invention de la Sphère Domestique au sortir de la Révolution," *Annales Historique de la Révolution Française* 327 (2002): 1-28.

preeminence in relation to Dutch, Scottish, and English medicine – each of which had in turn enjoyed the spotlight of medical brilliance – between the 1820s and the 1840s. Hospital reform, the development of pathological anatomy, and a restructuring of the medical education system were foremost among the reasons for the ascendancy of French medicine.

However, historians have debated what specific changes and processes were the defining characteristics of the French medical revolution, which resulted in this ascendancy. This thesis seeks to shed new light on these issues by examining the observations and perceptions of visiting medical men from other countries, notably the United States. The popularity of a destination for such visitors was a yardstick for its preeminence; based on this criterion, the seat of medical preeminence changed several times throughout the nineteenth century, moving from Leyden to Edinburgh and London to France to Germany to Vienna. From 1820-1840, as foreign medical students and medical tourists flocked to French centres of medicine – and in particular, Paris – France enjoyed dominance in the medical field.⁷ These medical observers had varying motivations for their journeys, and those motivations, alongside the observations they recorded in their journals and correspondence, offer keen insights into the nature of the new French medicine. This study draws upon the published works of American medical observers in nineteenth-century Paris in order to demonstrate their value to the field.

As the topic is even more specific and targeted than social change in general, the field of scholarship is smaller. Nevertheless, there has been significant work produced in the field of history of medicine that deals specifically with France immediately prior to,

⁷ Jonathan Mason Warren, *The Parisian Education of an American Surgeon: Letters of Jonathan Mason Warren, 1832-1835*, Russell M. Jones, ed., Philadelphia: American Philosophical Society (1978), 1-2.

during, and after the French Revolution. There were, of course, contemporary debates over the merits of the 'new' French medicine. If one were so inclined, one could unearth a number of early nineteenth-century documents dismissing the Paris School and its masters. The vast majority of those documents would have been written by English or Scottish physicians, or by the old guard of French medicine who had not embraced the French medical revolution – or had opposed the initial changes that preceded it. But most such accounts are coloured by professional or nationalistic disputes. In terms of modern accounts, one of the most influential works to deal with the subject of medical reform in eighteenth- and nineteenth-century France was Michel Foucault's *The Birth of the Clinic: An Archaeology of Medical Perception*, which was originally published in 1963. Foucault, a French philosopher, was perhaps the most famous and prolific pundit of the new French medicine; he vociferously criticized the very developments that brought French medicine to the forefront of the medical world. Most of the other historians discussed in this study argue that medical reform in France was ultimately a positive phenomenon. Improvements in hygiene, surgical tools and techniques, medical teachings and theory, and – perhaps most importantly – the advent of hospital-based medicine itself had combined to create a medical world that was more efficient and more successful than had ever been seen before. Though he was not an historian, Foucault's work is invaluable as it offers a dissenting view of the events that frame this examination.

According to Foucault, pathological anatomy and clinical medicine are not revolutionary new medical phenomena, but are instead reorganizations of existing

medical discourse.⁸ For Foucault, the "new" pathological anatomy was just an old method of explanation and expression wrapped up in new terminology. Foucault was also interested in the shifting power dynamics brought about by the new French medicine. Chief among the new tools at the physician's disposal is the Foucauldian *regard* or "gaze." The focus of the new empirical medicine is to observe the illness rather than the patient.⁹ Foucault wrote that in order to truly know the illness, the physician subtracts the individual completely.¹⁰

While Alfred Cobban's *Social Interpretation of the French Revolution* challenged traditional historical treatments of the French Revolution itself, Foucault's *Birth of the Clinic* marked the beginning of a revisionist theme in the history of medicine in France. Works that followed *The Birth of the Clinic* – whether or not they were traditional interpretations of French medicine – often dealt with Foucault's arguments in one form or another. Be it a footnote in the introduction debunking Foucault's claims or a chapter – or entire book – on the changing face of medical authority in the eighteenth and nineteenth centuries, Foucault had a profound impact on the field of French medical history. Foucault also influenced the development of the sociology of medicine; his arguments figure prominently in the work of medical sociologists such as N.D. Jewson. Jewson, in his 1976 article "The Disappearance of the Sick Man from Medical Cosmology, 1770-1870," explored the role of authority in eighteenth- and nineteenth-century medicine, examining how the traditional patient-led

⁸ Michel Foucault, *The Birth of the Clinic: An Archaeology of Medical Perception*, New York: Pantheon Books (1973), xix.

⁹ Foucault, *Birth*, 8.

¹⁰ Foucault, *Birth*, 14.

medical system of preceding centuries was supplanted by a doctor-led system of medical care.¹¹

One of the first traditionally historical treatments of the subject of the French medical revolution appeared soon after the publication of *The Birth of the Clinic*. Erwin H. Ackerknecht, in his *Medicine at the Paris Hospital, 1794-1848*, offers one of the earliest scholarly accounts of French medical reform. Ackerknecht offered a fairly comprehensive look at the changing nature of both medical science and medical institutions in France during and after the Revolution. He speaks of the near-abolition and recreation of the hospital system in Revolutionary France, noting that early efforts toward the dismantling of the Ancien Regime hospitals gave way to the development of "true" hospitals; the "workshops of the new medicine."¹² As a result of Revolutionary initiatives, the concept of the hospital was revamped and they became proper medical institutions rather than a "medieval receptacle of all miseries."¹³ Inside the hospitals, it was French surgery that initially took the spotlight. Ackerknecht wrote that the social and scientific comeback of the surgical profession played a significant role in the establishment of the new medicine, touching upon the roles of the military and the Montpellier tradition of Vitalism.¹⁴ French surgery, wartime necessities and vitalism – an alternate school of medical thought that arose in the southern city of Montpellier – played a significant role in the reform of medical institutions and theory, and will be discussed later in this examination.

¹¹ N.D. Jewson, "The Disappearance of the Sick Man from Medical Cosmology, 1770-1870," *Sociology* 10 (1976): 232-233.

¹² Erwin H. Ackerknecht, *Medicine at the Paris Hospital, 1794-1848*, Baltimore: Johns Hopkins Press (1967), 15.

¹³ Ackerknecht, *Hospital*, 22.

¹⁴ Ackerknecht, *Hospital*, 25-27.

The latter half of *Medicine at the Paris Hospital* explores some of the notable physicians, theorists, professors and administrators of the Paris School such as Philippe Pinel, Marie-François-Xavier Bichat, François-Joseph-Victor Broussais, Jean-Nicolas Corvisart, René-Théophile-Hyacinthe Laennec, and Gaspard Laurent Bayle. Ackerknecht examines many of the different facets of the history of the medical revolution that took place in France, and many of the issues that are addressed in *Medicine at the Paris Hospital* were later examined in greater depth by other historians.

Whereas Ackerknecht's work was a comprehensive look at the factors that combined to create the new French medical infrastructure that had arisen by the early nineteenth century, historians have since focused their efforts on exploring various, particular aspects of the issue. Following Ackerknecht's lead, David M. Vess, in his *Medical Revolution in France 1789-1796*, notes that the initial impact of the Revolution was destructive in nature, tearing down the existing system of medical science and medical institutions.¹⁵ According to Vess, this destruction did not cease until 1792, when France went to war. Under wartime conditions, medical men in the military were faced with appalling conditions and a severe lack of supplies. This not only forced them to realize the importance of hygiene, but many medicines of dubious efficacy were eliminated from the *material medica* due to wartime shortages.¹⁶ Vess writes of the abolition – for economic reasons – of military hospitals in 1788 and of civilian hospitals

¹⁵ David M. Vess, *Medical Revolution in France, 1789-1796*, Gainesville: University Presses of Florida (1975), 4.

¹⁶ Vess, *Revolution*, 5.

in 1790.¹⁷ With no place for medicine to be practiced, Vess writes that the nature of French medicine "was that of a grand and desperate improvisation."¹⁸

However, war brought massive casualties, and those casualties required a place to be housed. The large hospitals were found to be the only efficient way to cope with the number of wounded and ill, and since medical teaching and military amphitheatres had been abolished, these hospitals were also the only place equipped for the resumption of rigorous medical education. This necessity of training new medical personnel and of caring for wounded soldiers meant that by 1793, reform movements that had begun prior to the Revolution started to regain their momentum.¹⁹

The myriad reform movements of the eighteenth century are the focus of several scholarly works. One of the most important facets of early calls for medical reform dealt primarily with professionalization. Both Toby Gelfand and Matthew Ramsey wrote on this subject, though from different angles. Ramsey explores the division between physicians and surgeons and that between professional and popular medical practitioners in France. In both instances, Ramsey notes that the two groups were not completely distinct from one another; there existed some overlap.²⁰ Ramsey traces the institutional and professional development of both professional and popular medicine during the Ancien Regime and into the Napoleonic era. Gelfand and Ramsey also deal both directly and indirectly with the concept of medical authority in their works, though at a very early stage; medical authority was an important facet of the professionalization of physic and surgery.

¹⁷ Vess, *Revolution*, 34, 65.

¹⁸ Vess, *Revolution*, 68.

¹⁹ Vess, *Revolution*, 137-138.

²⁰ Matthew Ramsey, *Professional and Popular Medicine in France, 1770-1830: The Social World of Medical Practice*, Cambridge: Cambridge University Press (1988), 12.

Ramsey examines the inadequacies of the France health care system and how they formed a part of the Revolutionary agenda. Like Vess, he writes of the attempted dehospitalization of France, though he focuses on the dismantling of medical corporations that essentially deregulated medical practice in France.²¹ This serious disruption of medical education, coupled with the fact that the French army was losing all of its trained health officers, prompted the Committee of Public Safety in 1794 to charge Antoine François de Fourcroy and François Chaussier with the task of devising a new system of medical training; among their recommendations was the reunification of medicine and surgery.²² Through this unity, France had begun to move "from a diffuse toward a tight medical network."²³

Gelfand also deals with professionalization and medical institutions in France in the eighteenth century, but with a different focus. Gelfand praises French surgeons as instrumental in the development of the new medicine by exploring the historical role of surgery in France and the technical and institutional changes that preceded the medical revolution. Prior to the reunification of physic and surgery which Gelfand and Ramsey explore, physicians were regarded as members of a liberal profession – meaning that they were university-educated – and as such were entitled to tax breaks and exemptions from military and municipal service. Surgery, on the other hand, was considered a "mechanical" profession – on the same level as a barber or tailor or butcher.²⁴

²¹ Ramsey, *Popular*, 74.

²² Ramsey, *Popular*, 75-76.

²³ Ramsey, *Popular*, 123.

²⁴ Toby Gelfand, *Professionalizing Modern Medicine: Paris Surgeons and Medical Science and Institutions in the Eighteenth Century*, Westport: Greenwood Press (1980), 41.

The transformation of surgery from a mechanical profession to a liberal one meant that surgeons had more of a say in the development of French medicine.²⁵ Gelfand goes on to speak of the role of various famous figures in French Surgery, such as Georges Mareschal, Francis Quesnay and Pierre-Joseph Desault. These men revolutionized the practice of surgery in France by contributing to its unification with medicine.²⁶ Gelfand stresses the importance of surgery in the new French medicine through his work; this surgical background can be seen in the rise of pathological anatomy, the emphasis on physical examination, and the rise of Bichat and Desault's clinical-anatomical method.²⁷

While Gelfand and Ackerknecht both wrote of the influence and impact of individuals such as Laennec, Bichat and Desault, neither made these prominent medical men the focus of their works. Some historians, such as Martin Staum, John Lesch and Jacalyn Duffin have done so, choosing to focus primarily on the individual accomplishments of select individuals. Staum writes of the contributions of Pierre Jean-Georges Cabanis to the intellectual medical reform movement that preceded the actual movement of the later eighteenth century. Cabanis strove to create a unifying principle between physiology and ethics, calling this principle the "science of man."²⁸ Cabanis thought that medicine should be practiced in a very different way; he owed much to the Montpellier school of vitalism. Like the vitalists, Cabanis favoured a balance between medical caution and intervention; he believed in allowing the body to heal itself rather

²⁵ Gelfand, *Professionalizing*, 58.

²⁶ Gelfand, *Professionalizing*, 149.

²⁷ Gelfand, *Professionalizing*, 173.

²⁸ Martin Staum, *Cabanis: Enlightenment and Medical Philosophy in the French Revolution*, Princeton: Princeton University Press (1980), 4.

than intervening with medication.²⁹ Cabanis was also notoriously anti-hospital, but wrote in his *Observations sur les Hôpitaux* that hospitals were a necessary evil. He believed that hospitals should and must be the centre of medical study and reform.³⁰

Like Staum, Jacalyn Duffin also turns her attention toward a single medical professional: R.T.H. Laennec. She explores the specific part Laennec played in the events that unfolded during and after the Revolution, discussing – among other things – his role in the development of medical technology such as the stethoscope.³¹ John E. Lesch, on the other hand, focuses on Xavier Bichat's career to explain the brief dominance of French medicine in the nineteenth century. Lesch argues that Bichat's concept of physiology – which followed the tradition of the Montpellier vitalists and was the basis of pathological anatomy – was both grounded in clinical and experimental surgery but also modeled after the tradition of British experimentalists such as William Harvey.³² Lesch speaks but briefly of the state of British medicine at the time – mostly to explain how utilitarian attitudes and anti-vivisection movements had kept Britain out of pathological anatomy – but does not explore how French medical theorists interpreted the flow of medical thought coming from Britain and vice-versa.³³ Russell C. Maulitz, however, devotes his *Morbid Appearances: The Anatomy of Pathology in the Early Nineteenth Century* to the subject. Maulitz sees the French Revolution as a permissive

²⁹ Staum, *Cabanis*, 52.

³⁰ Staum, *Cabanis*, 115.

³¹ Jacalyn Duffin, *To See With a Better Eye: a Life of R.T.H. Laennec*, Princeton: Princeton University Press (1998), 25.

³² John E. Lesch, *Science and Medicine in France: The Emergence of Experimental Physiology in the Early Nineteenth Century*, London: Harvard University Press (1984), 76.

³³ Lesch, *Science*, 10.

rather than creative influence on medical reform. For him, the events of 1789 "uncorked ideas that had been fermenting for half a century or more."³⁴

Maulitz also explores the role of Bichat in the creation of pathological anatomy.³⁵ He goes on to examine two of Bichat's disciples – Guillaume Dupuytren and R.T.H. Laennec – and how their two versions of pathology actually continued the surgery versus physic division of old. Dupuytren's surgical anatomy and Laennec's pathological anatomy were the two dominant theories of medical practice during the Napoleonic Era.³⁶

Maulitz spends the second half of his book dealing with the cross-channel influence of French medicine. By the 1820s, British medical students were making the trip across the Channel toward French medical universities and the Paris School in particular.³⁷ Maulitz suggests one of the reasons that French medical ideas were so attractive to British medical minds was that the concept of tissue pathology already existed in Britain – British physicians were aware of the theories – but there was no systematic pathology built around this pathological language. In France, the language of pathology existed, and the Paris School was equipped to teach both theory and practice.³⁸

In addition to the significant numbers of British medical professionals who visited France in the early to mid-nineteenth century, hundreds of American medical men made the journey across the Atlantic to see what France had to offer. Russell M.

³⁴ Russell C. Maulitz, *Morbid Appearances: The Anatomy of Pathology in the Early Nineteenth Century*, Cambridge: Cambridge University Press (1987), 11.

³⁵ Maulitz, *Morbid*, 54.

³⁶ Maulitz, *Morbid*, 82.

³⁷ Maulitz, *Morbid*, 134.

³⁸ Maulitz, *Morbid*, 133.

Jones has written on the subject, compiling an exhaustive statistical account of how many Americans traveled to France during this time period and speculating on the reasons for their journey.³⁹ Jones also gathered a comprehensive list of primary source material that exists on this topic: the journals, diaries and personal correspondence of a large number of American medical men who wrote of their experiences in Paris between 1820 and 1861.⁴⁰ This daunting amount of data has facilitated later scholarly work on the subject.

John H. Warner draws upon many of the sources outlined in Jones' work to create a rigorous examination of the French influence on nineteenth-century American medicine. However, rather than exploring the published accounts of American medical students and medical tourists for their criticisms and praises of French medicine itself, Warner looked at the subject primarily as it pertained to American medical reform in the latter half of the nineteenth century. Nevertheless, it is one of the few scholarly works to rely upon the first-hand accounts of American medical observers in Paris. Warner writes of the desire for experiential knowledge that drew Americans across the Atlantic and the ideas of clinical medicine and empiricism that they brought back home with them afterwards.⁴¹ By contrast, this study seeks to use their observations to enhance our understanding of the character of the medical Revolution in France.

The first chapter of this examination traces the development of hospital medicine and hospital reform in France during the Revolution. It provides the necessary context

³⁹ Russell M. Jones, "American Doctors and the Parisian Medical World, 1830-1840," *Bulletin of the History of Medicine* 47 (1973): 49.

⁴⁰ Russell M. Jones, "American Doctors in Paris 1820-1861: A Statistical Profile," *Journal of the History of Medicine* 25 (1970): 153-157.

⁴¹ John H. Warner, *Against the Spirit of System: The French Impulse in Nineteenth-Century American Medicine*, Baltimore: Johns Hopkins University Press (1998), 74.

for understanding the character of the French ‘Medical Revolution.’ As is the case with most events in history, one cannot point to any one particular factor as the cause of this momentous change in medical theory and practice. Historians collectively suggest that a plurality of causes contributed to the initial impetus for hospital and medical reform. These include a post-Enlightenment intellectual movement aimed at legitimizing medicine as a science rather than an art, horrendous conditions within the hospitals, and growing concern over the treatment of the poor and insane in French society. These reforms enabled Paris to take centre stage as the medical capital of the world, attracting a wide range of medical professionals from abroad.

The second chapter of this study focuses upon the experiences and observations of primarily American medical tourists in Paris, whose writings about the new French medicine are readily available. Between 1820 and 1850, hundreds of American medical students and established medical men visited Paris for varying lengths of time.⁴² In Paris, the emphasis of observation and experience in pathological anatomy had changed the way that medicine was taught. This, coupled with the reform of hospitals and of medical education that had occurred during the Revolution, meant that one could obtain a type of training in Paris that did not yet exist anywhere else in the world at this time; many medical men made the trip overseas due to the paucity of rigorous training available at home.⁴³ It was the opportunity for experiential knowledge that drew American medical men to Paris during the nineteenth century, not the pull of the new system of pathological anatomy. However, while it may have been the “social structure of Parisian medical education more than the intellectual vibrancy of the Paris School”

⁴² Jones, “Statistical”, 150.

⁴³ Jones, “Parisian”, 50.

that brought them there, they soon began to recognize the merits of the new French medicine.⁴⁴

Many of the accounts of the new French medicine that were written by American medical tourists deal with the importance of the opportunity for hands-on experience and personal observation in Paris, in addition to detailing the nature of French medicine itself. While most of these medical tourists agree that the medical training they received was first-rate, both positive and negative views concerning the new French method of studying and practicing medicine can be found. Many noted that French medicine seemed more concerned with the disease than the patient. Such insights lead to the third and final section of the study, which reassesses the role of medical authority in the new medicine. This authority intensified in conjunction with medical and hospital reform in France as the patient was placed under the increasingly strict and rigid care and supervision of the doctor.

Of the above scholarly works, only Foucault focused entirely on the subject of medical authority. Some historians – Staum, Duffin, Lesch – focus on intellectual reform or the reform of medical theory. Others – Vess, Gelfand, Ramsey – write of the importance of institutional reform and the creation of a united medical profession. Still others – Maulitz, Warner, Jones – deal with how French medicine was influenced by and in turn influenced the medical theory and practice of other countries such as England and America. This examination suggests that a synthesis of their findings is necessary in order to grasp the complexities of the French medical revolution. It also contends, however, that an analysis of the accounts by American medical observers reinforces Foucault's claims concerning the shift of power in the medical world of the

⁴⁴ Warner, *Spirit*, 67.

nineteenth century. These medical observers perceived that doctor-patient relationships were changing, with the physician now focusing more upon the diagnosis and treatment of the disease and less upon the characteristics of the individual patient.

The writings of Foucault and Jewson are central to this examination. As both of these scholars' works focus on the roles of doctor-patient authority and the changing nature of hospital medicine, so too does this study. Sections of the correspondence and published work of American medical observers who visited Paris in the nineteenth century also deal with the issue of medical authority, and these sources will be explored with respect to the findings of Foucault and Jewson. This study draws upon the correspondence of visiting American medical students such as Jonathan Mason Warren, Henry Ingersoll Bowditch, and James Jackson, Jr. Published works from traveling medical men such as Elisha Bartlett and Ferdinand Campbell Stewart are also considered. These accounts offer insight into French medicine on several levels: eyewitness accounts of the skill at which Parisian surgeons performed their operations, amputations, and autopsies, descriptions of the manner, skill, and temperament of the French surgeons themselves, and philosophical ponderings on the nature of medicine itself.

In sum, this study follows the rise of Paris to the position of medical capital of the world, and the role of the new French medicine – via the plethora of medical tourists who visited during the 1820s-1840s – in reshaping the doctor-patient relationship from one which was person-oriented to one which was disease-oriented. The writings of American medical men in Paris offer insights into the nature of French medicine and the evolution of the doctor-patient relationship. The debate over this changing relationship

has been argued from many different perspectives, but not yet from the medical tourist angle. This investigation will rectify that oversight.

Chapter One:

French Medical Reform

During the decades before the Revolution, several factors contributed to the eventual reform of both French medicine and the hospital system. This chapter will discuss the various avenues along which the impetus for reform developed, and examine the impact of each on the eventual dominance of the new French medicine. These factors, taken together, helped to attract the hundreds of medical tourists who flooded the lecture halls and surgical amphitheatres of Paris in the first half of the nineteenth century. The impetus for reform, combined with the extraordinary circumstances of the Revolution, transformed the intellectual underpinnings of French medicine and reconfigured the hospital system as well as the medical profession. This chapter will explore these trends and examine how they intertwined to create a medical system that would draw medical observers from all over the world.

French medicine did not reform overnight; it evolved through a series of stages. Medicine in seventeenth- and early eighteenth-century France, and in the rest of the Western world at the time, was characterized by Galenic humouralism. Galenism, named after the second-century Greek medical theorist, Galen, had more or less remained the dominant system of medicine in the Western world since its inception. The Galenic system was based upon the belief that the health of the body was regulated by a balance of four substances, or humours: blood, phlegm, black bile, and yellow bile. In addition to these four humours, Galenists also believed that there were four possible qualities or temperaments – warm, cold, dry, and moist – that influenced the humours. It was believed that a surfeit of one of these humours or a deficit of another would lead to

ill health. Therefore, under this system, bloodletting and purgatives were the most common treatments for the majority of afflictions; a state of humoural equilibrium was necessary for good health.¹

Although Galenism had existed as the dominant influence on medical practice and theory for 1500 years, it had not emerged from the centuries unchanged. As a medical system, Galenism was relatively open to new theories and discoveries; as new medical theories came along, they did not replace Galenic thought. Instead, they were adopted into the existing system.² By the eighteenth century, this “plastic and protean” Galenism had been largely supplanted by a kind of medical pluralism with an emphasis on empiricism.³

This relatively open medical system allowed new theories to enter the medical mainstream. Around the turn of the eighteenth century, “iatromechanism” began to permeate medical theory. This medical theory, arising largely as a rejection of Galenism, held that all matter was inert and that the body functioned much as a machine, with each part serving a specific function. Illness for the iatromechanists was the result of friction between internal moving parts of the body.⁴ However, iatromechanists accepted the Galenic principle of temperaments and were allopathists, using the same medicines as the Galenists. As such, iatromechanism has been described as “traditional academic medicine wrapped up in a new explanatory suit of clothes.”⁵

¹ Owsei Temkin, *Galenism: Rise and Decline of a Medical Philosophy*, Ithaca: Cornell University Press (1973), 17.

² Laurence Brockliss and Colin Jones, *The Medical World of Early Modern France*, Oxford: Clarendon Press (1997), 411.

³ Brockliss and Jones, *Medical*, 27.

⁴ Brockliss and Jones, *Medical*, 420.

⁵ Brockliss and Jones, *Medical*, 421.

In the mid-eighteenth century, a philosophical division among the followers of iatromechanism led to the development of a new school of medical thought: vitalism. Vitalists sought a “vital principle” that lay at the heart of bodily function – possibly related to the heart or vascular system – that explained the seemingly “mechanical” operations of the body such as the circulation of the blood.⁶ By 1760, this vitalist school of thought – centred in the French university of Montpellier – had largely displaced iatromechanism. In the late eighteenth century, the only remaining adherents of iatromechanist theory were skeptical of their own field due to discoveries in anatomy that contradicted the foundation of iatromechanism itself. With the abandonment of the rigid underlying assumptions of iatromechanism, medicine was free to become more analytical in nature.⁷

Alongside medical theory, one must also consider the institutional realities of medicine in pre-Revolutionary France. Physic and surgery were two distinct fields in France and most other European countries, enjoying separate privileges and responsibilities. Physicians were seen as members of a liberal profession, devoted to theory and internal medicine, whereas surgery was a mechanical profession, devoted to the practical application of their skills. This meant that while physicians would often be required to be university-educated, surgery still functioned almost as a medieval guild; aspiring surgeons were expected to undertake apprenticeships to receive their training.⁸ These groups received their training in separate institutions, and were members of distinct medical societies or corporations. In 1700, there were 43 colleges of physicians

⁶ Brockliss and Jones, *Medical*, 429.

⁷ Brockliss and Jones, *Medical*, 433.

⁸ Matthew Ramsey, *Professional and Popular Medicine in France, 1770-1830: the Social World of Medical Practice*, Cambridge: Cambridge University Press (1987), 19-20.

and 300 corporations of surgeons in France. This corporative structure remained intact until the French Revolution.⁹

Unfortunately for both practitioners and patients, a lack of national educational institutions led to major variations in training and competence among physicians and surgeons.¹⁰ Efforts were made to standardize medical training, such as the 1696 royal edict which stated that no one could practice medicine in French towns without first obtaining a doctorate from an authorized French university. This edict also standardized the degree requirements in an effort to obtain a more uniform level of training for physicians and surgeons. These efforts were somewhat less than wholly successful, as implied by the passage of a number of similar edicts in 1707, 1730, and 1772.¹¹ While these edicts were being passed, physic and surgery were growing together, with the delineation between the two groups beginning to blur. Despite these further attempts to reform France's corporative medical system, it was not until the Revolution that physic and surgery were officially joined. This joining of physic and surgery meant that not only would physicians and surgeons now be expected to undergo similar examinations to become a licensed practitioner, but also that surgery had been elevated – from the point of view of physicians – to the rank of a liberal profession which could form its own regulating bodies and standardize educational requirements.¹²

The final element of pre-Revolutionary French medicine that must be discussed is the French hospital system. Prior to the Revolution, French hospital – and the Hôtel Dieu in Paris, in particular – operated under appalling conditions. Jacques-René Tenon,

⁹ Brockliss and Jones, *Medical*, 480.

¹⁰ Ramsey, *Professional*, 10.

¹¹ Brockliss and Jones, *Medical*, 485.

¹² Ramsey, *Professional*, 74.

a French surgeon, conducted a tour of Parisian hospitals and published his *Mémoire sur les hôpitaux de Paris* in 1788. This treatise brought many of the deficiencies of the hospital system to light. The mortality rate of the Hôtel Dieu was 1 in 3 at this time, and the lack of ventilation, filthy environs, and the fact that multiple patients of both sexes with different illnesses – including contagious ones – often shared the same bed with recovering surgery cases led one modern historian to dub the hospital a “medieval receptacle for all miseries.”¹³ While the conditions at the Hôtel Dieu were especially awful, other hospitals around the country fared little better. Only in military hospitals could one see private beds and clean, relatively well-kept hospitals. In the years leading up to the Revolution, the average mortality rate in civilian hospitals in France was approximately 1 in 7, whereas the mortality rate of military hospitals was 1 in 40.¹⁴ Efforts to bring attention to the plight of the French hospital system in the hope of producing reform backfired. Instead of fomenting reform, there were increasing demands to shut down the hospitals entirely.

One can see from this brief outline of the condition of the medical profession and hospital system in pre-Revolutionary France that the situation had begun to change. The epistemology of medicine had evolved from a more rigid Galenic system into one which contained elements of both iatromechanism and vitalism, and the resulting lack of a strict set of theoretical underpinnings left the field open to further challenge. The professional divide between physic and surgery still existed by the end of the Ancien Regime, but this division – and the corporative medical system as a whole – was

¹³ Erwin H. Ackerknecht, *Medicine at the Paris Hospital, 1794-1848*, Baltimore: Johns Hopkins Press (1967), 22.

¹⁴ David M. Vess, *Medical Revolution in France, 1789-1796*, Gainesville: University Presses of Florida (1975), 33.

beginning to break down. French hospitals were soon to form an important part of the Revolutionary social agenda, though opinion was divided on what to actually do about what was perceived as the atrocious hospital system. Some wished to reform the hospitals, while others demanded their abolition.

Ideas of how to reform medicine and the hospital system varied greatly. One must look back to the ideals of the Enlightenment – such as the importance of reason and the concept of centralization – that greatly influenced medical thinkers during the eighteenth century for the next catalyst of reform. This school of medical thought was a philosophical movement that preceded the French Revolution.¹⁵ These thinkers, such as Pierre Jean George Cabanis and the Montpellier vitalists, sought to reform the basic principles around which French medicine was structured.

Cabanis owed much to vitalism, the school of thought that had arisen to supplant iatromechanism. By the eve of the Revolution, iatromechanism had lost many of its supporters, and those who remained turned from pathology to morbid anatomy; rather than attempt to locate the cause of a disease, iatromechanists wished to ascertain the location of the site of disease.¹⁶ Vitalists, on the other hand, had moved in another direction. Whereas the focus of study of the iatromechanists had become the cadaver, the vitalists confined their study to the living patient. A new theory that stated all disease was actually a combination of internal causation and external manifestation became the vitalist “nosology,” which was actually a combination of the two traditional sciences of

¹⁵ Ackerknecht, *Medicine*, 3.

¹⁶ Brockliss and Jones, *Medical*, 434.

pathology – the study of internal and external causes of disease – and semiotics, the study of outward symptoms of disease.¹⁷

Like the vitalists, Cabanis favoured a balance between medical caution and intervention; he believed in allowing the body to heal itself rather than intervening with medication.¹⁸ Historically, the discipline of medicine was viewed as an art rather than a science; medical thinkers such as Cabanis promoted change in this state of affairs. Cabanis strove to create a unifying principle between physiology and ethics, calling this principle the “science of man.”¹⁹ Eventually, the efforts of these medical men synthesized into a new platform upon which medicine would be based in France: pathological anatomy. The development and ascendancy of pathological anatomy had a profound impact on both medical epistemology and French medical institutions.

The intellectual movement that sought to reform the principles upon which pre-Revolutionary French medicine was based not only predates the ascendancy of French medicine, but also contains the elements of its demise. Cabanis touted the virtues of observation as the logical centre of medicine, saying that the “true instruction of young doctors is not received from books, but at the sickbed.”²⁰ Cabanis was attempting to reform medicine along more reputable lines; whereas medicine had been considered a rather esoteric art prior to the seventeenth century, it was soon to become viewed as a science in its own right. He was skeptical of the “unwarranted intrusion” of other sciences into medicine, believing that medicine was strong enough to stand on its own.²¹

¹⁷ Brockliss and Jones, *Medical*, 434-435.

¹⁸ Martin Staum, *Cabanis: Enlightenment and Medical Philosophy in the French Revolution*, Princeton: Prince University Press (1980), 52.

¹⁹ Staum, *Cabanis*, 4.

²⁰ Ackerknecht, *Medicine*, 4.

²¹ Staum, *Cabanis*, 105.

This fundamental change in medical theory presaged the later successes of French medicine on the world stage. However, by 1798, Jean-Louis Alibert's analogous declaration that "medicine had conquered the accessory sciences" – referring to biology, chemistry, and other basic sciences – reflected the sort of myopic clinicism that would eventually lead to France losing the top spot in the field of medicine.²²

The philosophical approach to medical reform had far-reaching implications; it did not simply confine itself to the limbo of theory and conjecture. Cabanis attempted to legitimize medicine as a true science by relating it to the other sciences. In noting that observation was a necessity to the practice of medicine, he identified the shortcomings of the medical education system and the ill-defined role of hospitals in France as the main obstacles to true observation.²³ His first essay on the subject of the philosophy of medicine, *Du degré de certitude de la médecine*, sought to establish medicine as an observational science and was designed to simultaneously defend the status of medicine while rousing the interest and enthusiasm of current medical men in France.²⁴ Cabanis addressed some of the major arguments against the validity of medicine as a science, one of them being the "ignorance of the source of life." In other words, how could medicine be a science when physicians do not understand the origins or the principle of life itself? Cabanis responded rather glibly to this criticism by admitting that while one could never discern the "hidden principle" of life, man still managed to improve agriculture without knowing "the secret of vegetable life."²⁵ Despite this potentially narrow view, however, Cabanis' "philosophy of observation," coupled with the

²² Ackerknecht, *Medicine*, 12.

²³ Staum, *Cabanis*, 94.

²⁴ Staum, *Cabanis*, 103.

²⁵ Staum, *Cabanis*, 107.

“medicine of observation” of the vitalists and remaining iatromechanists, would form the underpinnings for the new French medicine that emerged during the Revolution.

Cabanis, while attempting to legitimize medicine as a science, had also spoken of the necessity of hospitals and medical training, and was not alone in his recommendations for reform. In doing so he reinforced the arguments of Jacques-René Tenon, whose aforementioned critique of Parisian medical institutions focused in particular on the Hôtel-Dieu in Paris, pointing out the myriad shortcomings of the hospital. Tenon noted the inadequacy of the water system, writing that “on manque d’eau à l’Hôtel-Dieu; elle y est mal distribuée.”²⁶ Tenon also wrote of the poor ventilation, corrupt air, and the inadequacies of practically every aspect of the hospital: beds, cutlery, the distribution of patients, and so on.

For both Cabanis and Tenon, though their negative observations of the current hospital system seemed to far outweigh the incidental benefits, the situation was not entirely bleak. While sprawling institutional behemoths like the Hôtel-Dieu drew much criticism, newer hospitals – such as Mme. Necker’s model hospital in Saint-Sulpice – that were both more economical and reasonably-sized became fashionable.²⁷ Tenon even observed one silver lining in the plethora of cases that flowed into the Hôtel-Dieu; he wrote that the Hôtel-Dieu was the only hospital in Paris “où l’on reçoit les maladies contagieuses, les fous curables, les femmes enceintes: il est la plus grande ressource du pauvre pour les maladies chirurgicales.”²⁸ Here, Tenon identified hospitals such as the Hôtel-Dieu as a haven for the study and refinement of the surgical art, due to the

²⁶ Jacques-René Tenon, *Mémoires sur les hôpitaux de Paris*, Paris: L’Imprimerie de PH.-D. Pierres (1788), 147.

²⁷ Brockliss and Jones, *Medical*, 727.

²⁸ Tenon, *Mémoires*, 177.

plethora of different cases that were contained within. Cabanis soon bridged the gap between the philosophical and institutional modes of reform with his *Observations sur les hôpitaux*, published in early 1790. In his *Observations*, Cabanis argued that hospitals, ill-equipped and poorly-administrated as they may have been, were a “necessary evil.”²⁹ It seems that these and other medical men had some hope that hospitals could become effective health institutions if they could only be modernized, and if the conditions could be ameliorated.

Desires for transforming the hospital system were accompanied by ideas for reforming the medical profession itself. There was a growing belief that the medical curriculum needed to be reformed and the level of training standardized; uniformity in medical education was sorely lacking for both physicians and surgeons at this time.³⁰ A variety of medical men – physicians and surgeons alike – and bureaucrats who wished to bring about the reform of the French medical system. Individuals such as Félix Vicq d’Azyr, a physician and permanent secretary of the Royal Society of Medicine, and Antoine François de Fourcroy, a physician and chemist, wrote treatises on the state of French medicine and were often members of government committees that were charged with evaluating the efficacy of the French medical system. Gradually they developed ambitious plans for change. By the eve of the Revolution Vicq d’Azyr had come to believe that the problems of the medical profession might be addressed through the union of physic and surgery, the association of these professions with hospitals, and improvements to medical training such as standardization of requirements and revisions

²⁹ Staum, *Cabanis*, 115.

³⁰ Liliane Pariente and Philippe DeVille, *Les Médecins Pendant la Révolution*, Paris: Editions Louis Pariente (1887), 23-24.

of curricula.³¹ Fourcroy felt that the curriculum of medical study needed to be changed; it should include a broader syllabus of courses in anatomy, hygiene, and chemistry. Echoes of Cabanis' emphasis on observation and experiential knowledge could be seen in Fourcroy's slogan for pupils to 'read little, see much, do much'.³²

The onset of the French Revolution in 1789 dramatically changed the context for reform. The impact of the Revolution was contradictory; it encouraged reformist impulses, but also stalled some initiatives; only over time, and with evolving circumstances, did it become the catalyst for profound institutional transformation.³³ In the early stages of the Revolution, the rhetoric of liberty and equality served to encourage demands for hospital reform. The principles of *liberté, égalité, et fraternité* were applied to an oft-overlooked segment of the French populace: the poor. The sick and suffering poor now possessed equal rights under the law – and it was now the duty of the rest of the French citizenry to care for them. The inmates and unfortunates of the various medical establishments around France were thus transformed, through the egalitarian principles of the Revolution, into patients and citizens.³⁴ This meant that hospitals, which more closely resembled religious and charitable poorhouses prior to the Revolution, had to be revamped.³⁵ A significant group of French reformers and doctors came to interpret the Revolutionary principle of *égalité* in a novel way, declaiming the obligation of the Revolutionary government to provide equal access to health care to all

³¹ Staum, *Cabanis*, 101.

³² Brockliss and Jones, *Medical*, 819-820.

³³ Toby Gelfand, *Professionalizing Modern Medicine: Paris Surgeons and Medical Science and Institutions in the Eighteenth Century*, Greenwood Publishing Group (1980), 191.

³⁴ Dora B. Weiner, *The Citizen-Patient in Revolutionary and Imperial Paris*, Baltimore: Johns Hopkins University Press (1993), 45.

³⁵ Weiner, *Citizen-Patient*, 305.

segments of the population.³⁶ This sense of responsibility manifested itself in the form of an initiative to create poverty committees to examine the state of health care in France, which, in turn, led to calls for nationwide reform.³⁷

While most legislators could agree that something had to be done, few could decide exactly what action they should take. Nevertheless, the National Assembly created the *Comité de Mendicité*, with social reformer François Alexandre Frédéric La Rochefoucauld-Liancourt to evaluate and investigate the health conditions in the various hospitals and hospices of Paris.³⁸ Liancourt and the *Comité* found that Parisian health institutions had little to be proud of. For instance, an inspection of the Hôtel-Dieu and other medical institutions, revealed that the sprawling supply system – la maison de Scipion, which produced or procured for the Hôtel-Dieu 22000 pounds of bread per day and 1800 cattle, 6000 sheep and 800 calves per year – was in dire need of centralization.³⁹ The *Comité* compiled a list of desiderata that called for a greater degree of authority for doctors and a centralized system of bureaucracy to oversee the hospital system.⁴⁰ Many medical men prior to and during the Revolution had examined the French medical and hospital structures and found them wanting; these reformers had raised the issue of health care to the rank of a constitutional right.⁴¹

Medical reformers such as Vicq d'Azyr also saw the opportunity to implement their plans for professional restructuring. He presented his *Nouveau plan de constitution pour la médecine en France* to the National Assembly in 1790. Vicq d'Azyr's *Plan*

³⁶ Weiner, *Citizen-Patient*, 304.

³⁷ Weiner, *Citizen-Patient*, 79.

³⁸ Weiner, *Citizen-Patient*, 46.

³⁹ Weiner, *Citizen-Patient*, 59-60.

⁴⁰ Weiner, *Citizen-Patient*, 79.

⁴¹ Weiner, *Citizen-Patient*, 311.

called for the official unification of physic and surgery, a new system of university-based training for doctors and *officiers de santé* – a group of state-sponsored medical men who would provide professional health care in rural areas – and a revised curriculum that included courses in botany and hygiene.⁴²

Initially these demands for change bore little fruit; instead, early revolutionary governments focused on dismantling the old French medicine and medical institutions.⁴³ Vicq d'Azyr's *Plan* was ignored and by 1791, entry qualifications to the medical profession were entirely abolished, opening the field of medicine to anyone and everyone. By 1793, medical faculties and colleges had been closed, making it impossible for anyone to acquire training.⁴⁴ These initiatives had been undertaken to break the power and influence of the medical schools and academies, as they were seen as elitist and exclusive institutions that went against the Revolutionary principle of equality. As for hospitals, the abolition of feudal dues, and legislation passed in 1790 which initiated the nationalization of Church property and removed their tax-exempt status, deprived them of the majority of their income, making them increasingly dependent on government funding.⁴⁵ At the time, such funding was not forthcoming from cash-strapped revolutionary governments.

However, the necessities of the Revolution itself soon slowed this destructive thrust; in 1792, France went to war with Prussia and Austria; the following year Britain, Spain and Holland joined the conflict. The war against the First Coalition was an

⁴² Laurence Brockliss, "Medical Reform, the Enlightenment and Physician-Power in Late Eighteenth-Century France," in Roy Porter, ed., *Medicine in the Enlightenment*, Atlanta: Editions Rodopi B. V. (1995), 71-73.

⁴³ David M. Vess, *Medical Revolution in France, 1789-1796*, Gainesville: University Presses of Florida (1975), 4.

⁴⁴ Brockliss, "Reform", 77.

⁴⁵ David M. Vess, *French Military Medicine During the Revolution, 1792-1795*, University of Alabama (1979), 85-86.

enormous drain on the ranks of military medical officers, and wartime shortages meant that military physicians and surgeons were often forced to improvise.⁴⁶ High numbers of casualties among both soldiers and health officers at the front meant that more and more trained medical officers were required. Some of the hospitals, surgical amphitheatres and faculties of medicine which had recently been closed were now re-opened. Indeed, military hospitals gained such a reputation as successful caregivers for soldiers and veterans that the policy of de-hospitalization became impossible to maintain.⁴⁷ Some historians conclude that these developments ultimately had a positive impact on French medicine, since many medicines of dubious efficacy were not available on the battlefield and were eliminated from the *materia medica*.⁴⁸

All of this was quite ironic, since prior to the outbreak of war the chaos of the French civilian medical infrastructure paled in comparison to the bedlam that occurred within the military medical system. In the same year that Tenon published his celebrated tour of Parisian hospitals, the Ordinance of July 20, 1788 was passed, abolishing – ostensibly for economic reasons – all but eight of the military and naval hospitals that existed in France at the time. Tenon had examined some military hospitals, such as The Invalides, in his *Memoirs* and found them without fault. The theory behind this Ordinance was that individual regiments could form their own hospital facilities as “economical substitutes” for the effective, yet expensive, military medical system. The result was a disaster, as a lack of available funds and constant troop movements made negotiating with local hospitals for services and supplies difficult, if not impossible.⁴⁹

⁴⁶ Vess, *Revolution*, 26.

⁴⁷ Brockliss and Jones, *Medical*, 817.

⁴⁸ Vess, *Revolution*, 5.

⁴⁹ Vess, *Revolution*, 34.

By the time the first of the Revolutionary Wars broke out in 1792, pay for military physicians and surgeons had been in arrears as much as eighteen months, and many military medical officers had turned to civilian practice.⁵⁰ Compounded with the drastic military losses that France would suffer in the early conflicts of the Revolutionary Wars, what few military medical officers could be found were overworked and often needed to be replaced due to casualties among their own ranks. The army medical service had also suffered from the closure of their teaching hospitals and amphitheatres, which had been abolished along with the military hospitals.⁵¹ The caliber of the medical service at this time was highly questionable, as many otherwise unqualified medical officers had attained their licenses through dubious means – an inevitable consequence of the deregulation of medical education that began in 1791. It was during this period that many veteran medical officers that had left the service volunteered in order to both help the war effort and rebuild the tattered military medical system. Among them was Jean-François Coste, who resigned as mayor of Versailles in order to don the white linens once more in aid of his country.⁵²

Mass casualties meant a search for places to house them, and making use of the recently-abandoned hospitals was the only efficient way to do so. To ease the processing of the high numbers of wounded soldiers, segregation according to disease was implemented for the first time in France. In the relatively stable environment of the hospital, removed from the battlefield, methods of observation, examination and autopsy could be practiced.⁵³ Furthermore, the role of the military service in advancing the cause

⁵⁰ Vess, *Revolution*, 65.

⁵¹ Vess, *Military*, 92.

⁵² Vess, *Revolution*, 71.

⁵³ Vess, *Revolution*, 137-138.

of surgery cannot be ignored.⁵⁴ Altogether, the initial military hospital experience helped the development of a more practically-orientated bedside medicine.⁵⁵

The demands of war eventually refocused attention on the need for better medical education in general. In July 1794, the Committee of Public Safety approached doctor and chemist Antoine-François de Fourcroy and anatomist François Chaussier and asked them to design a new system of medical training.⁵⁶ The resulting proposal was reminiscent of Vicq d'Azyr's recommendations; Fourcroy and Chaussier called for the creation of centralized institutions of medical training in Paris and the unification of physic and surgery.⁵⁷ Fourcroy also called for state-sponsored doctors whose sole duty it was to attend to the poor. While the latter proposal went unheeded, the National Convention did order the creation of three medical training institutions: one in Paris, one in Montpellier, and another in Strasbourg. However, as one might expect, the larger school in Paris dominated the field.⁵⁸ Thus, while Vicq d'Azyr's *Plan* of 1790 had gone unheeded in the early stages of the revolution, by 1794, it had become clear that some sort of medical training program must be reinstated to meet the growing demand for trained military health officers, leading to the acceptance of Fourcroy's very similar proposal.⁵⁹ It is in this capacity that war itself helped show the catastrophic state of military medicine in France which closely mirrored the shambles that had been made of the civilian medical infrastructure. By pointing out the flaws in current hospital and health policy and proving the efficacy of reformist attitudes, the men of the military

⁵⁴ Ackerknecht, *Medicine*, 25.

⁵⁵ Brockliss and Jones, *Medical*, 817.

⁵⁶ Ramsey, *Professional*, 75.

⁵⁷ Ramsey, *Professional*, 76.

⁵⁸ Ramsey, *Professional*, 76.

⁵⁹ Vess, *Revolution*, 162.

medical service helped provide the impetus for further reform when medical teaching was reestablished in 1795.⁶⁰

However, medical education reappeared in a form rather unlike that of the pre-Revolutionary period; surgery formed the backbone of the new medicine.⁶¹ The unification of physic and surgery meant that physicians and surgeons no longer followed separate curricula, but instead were each required to pursue courses that were not part of the old curriculum at all such as botany, hygiene, and chemistry.⁶² This new medicine taught at the Paris School had a very clear surgical background, which it owed in part to the military influence on reform. The new medicine revolved around pathological anatomy, clinical anatomy and physical examination, a far cry from the theoretical medicine practiced by physicians only a few decades previous.⁶³

Pathological anatomy, which is the study and treatment of disease based on observation of the organs and tissues of the body, thus came into its own during these years. This new medicine arose from a rejection and replacement of the Galenic notion of humoralism, which touted the regulation of substances within the body for all illness, with a surgical mentality, which focused on a localized concept of disease.⁶⁴ Pathological anatomy thus filled the void left behind by the rejection of both Galenic and iatromechanist theory. This new medical epistemology, characterized by observation and experimentalism, led to a corresponding emphasis in the field of

⁶⁰ Vess, *Revolution*, 188.

⁶¹ Gelfand, *Professionalizing*, 173.

⁶² Gelfand, *Professionalizing*, 149.

⁶³ Gelfand, *Professionalizing*, 173.

⁶⁴ Russell C. Maulitz, *Morbid Appearances: The Anatomy of Pathology in the Early Nineteenth Century*, Cambridge: Cambridge University Press (1987), 12.

medicine on practical experience and technical proficiency.⁶⁵ Pathological anatomy also owed much to surgeons and the field of surgery – and as such was also indebted to the Revolutionary wars for necessitating innovation among military surgeons.

The efforts of medical practitioners themselves in the evolution of their craft were also instrumental in transforming French medicine during the Revolutionary and Napoleonic eras. They helped to reshape the practice of medicine along more observational and analytical lines while simultaneously pioneering instruments and procedures that would improve the quality of medical care and the accuracy of diagnoses. These men were pivotal players in the new French medicine; some figured prominently in the experience of medical observers in Paris, as they would be the men giving the lectures and performing the surgeries that will be mentioned in the following chapter. Pierre-Joseph Desault, one of the most influential members of the surgical profession during the early years of the Revolution, had revamped the teaching of surgery in the Hôtel-Dieu to be more practical in nature and was the chief lecturer in his own surgical amphitheatre.⁶⁶ Marie François Xavier Bichat, an anatomist and physiologist, and one of Desault's students, adopted his mentor's twin focus on observation and practicality and began to develop his own surgical mentality, based on a localized concept of disease.⁶⁷ Desault's unexpected death in 1795 simultaneously robbed Bichat of both a mentor and a friend, but Bichat was already well on his way to establishing a more concrete theory of human physiology. Unfortunately, Bichat also died young. However, by the time of his death in 1802, Bichat had synthesized his

⁶⁵ John E. Lesch, *Science and Medicine in France: The Emergence of Experimental Physiology, 1790-1855*, London: Harvard University Press (1984), 81.

⁶⁶ Maulitz, *Morbid*, 26.

⁶⁷ Maulitz, *Morbid*, 12.

notions of physiology and anatomy into a new conceptual framework of pathological anatomy that would form the basis for physicians for decades.⁶⁸

Interestingly, Bichat had completed his theory despite rather than due to his brief official tenure at the Hôtel-Dieu in Paris. The new Paris School emphasized teaching and practice over research, and what little research focus existed faded away as the realities of war demanded an even higher number of trained medical officers.⁶⁹ Bichat had achieved a very good reputation by the time of his death due to his past association with Desault, his private lectures concerning his theories, and his published works on physiology. Nevertheless, after his death two rival camps arose among the physicians of the Paris School: anatomist and surgeon Guillaume Dupuytren's surgical pathology and (on behalf of Bichat) René-Théophile-Hyacinthe Laennec's pathological anatomy.⁷⁰ Surgical pathology focused exclusively on lesions to be found on affected organs and tissues, whereas pathological anatomy took a more encompassing view of lesions as a symptom of a disease that affected the entire body. Dupuytren, as the *chef de travaux anatomiques*, carried more clout in the Paris School than Laennec did, and saw to it that pathological anatomy remained an auxiliary to his own surgical method. This condition would not last, as Laennec would eventually enter into private practice and conduct research on his own, approaching pathological anatomy from a new angle. Laennec expounded a dissection-oriented human anatomy with incorporated elements of both surgical pathology and Bichat's pathological anatomy.⁷¹ By the time of his death in

⁶⁸ Maulitz, *Morbid*, 34.

⁶⁹ Maulitz, *Morbid*, 44-45.

⁷⁰ Maulitz, *Morbid*, 82.

⁷¹ Maulitz, *Morbid*, 95

1824, Laennec had achieved a synthesis of the two that permeated the French medical establishment.

Contrary to views which see medical breakthroughs as preceding professional re-organization,⁷² in Revolutionary and Napoleonic France a complex intermingling of philosophy, bureaucracy, economics, war, and politics was at work. From medical philosophers such as Cabanis to social reformers like Liancourt to practical surgeons such as Dupuytren, there existed the desire for French medicine to become the sophisticated science that it claimed to be, and for French hospitals to become places of healing and learning. The apparent disparity comes from the position of first the Ancien Regime and then the succession of revolutionary governments that reigned in France after the Revolution. However, even there, the ever-present spectres of economics and war influenced the decisions of the ruling bodies. Each time the government made a decision as a result of economics, war would soon interrupt reform efforts in that direction, and vice-versa.

Nevertheless, by the end of the Napoleonic Wars, these various reforms had come to near-total fruition. The “hospital schools” of Paris – and, to a lesser extent, other parts of France – provided a cohesion and unity of purpose that helped create a standardized professional structure for both the teaching and practice of medicine.⁷³ The various efforts that were made towards reforming the structure of hospitals and medical care in Revolutionary France culminated by the end of the eighteenth century in a permanent system of hospital administration.⁷⁴ Locally administrated and nationally funded, this centralized hospital system was much more efficient than the collection of

⁷² Eliot Freidson, *Profession of Medicine*, New York: Dodd, Mead and Co. (1973), 3-22.

⁷³ Gelfand, *Professionalizing*, 190.

⁷⁴ Weiner, *Citizen-Patient*, 135.

private and Church-governed hospitals of the Ancien Regime. Many Parisian hospitals had begun keeping records and applying statistical methods to the multitudes that passed through their doors, making medical care more systematic and scientific.⁷⁵ Within the walls of these hospitals, French medical epistemology had been consumed by pathological anatomy, and physicians and surgeons were employing methods of autopsy and dissection to better seek and understand the physical symptoms of disease. Practical experience had become one of the pillars of French medical study, and important medical appointments were beginning to be awarded based on merit and skill rather than nepotism and politics.⁷⁶ Sanitation and hygiene had also been improved alongside the revamped hospital system. The Hôtel Dieu in Paris – largely destroyed by fire in 1772 – had been rebuilt at the end of the eighteenth century, incorporating some – but not all – of the renovations that had been suggested by medical reformers at the time. All of these reforms helped to elevate France to the pinnacle of medical study and practice during the early- to mid-nineteenth century.

By the early 1820s, as news of these medical reforms filtered across the continent, the Channel, and the Atlantic, medical students and established medical professionals from other countries began to flock to Paris. The remainder of this study focuses on American medical observers in France and the specifics of what facets of the new French medical and hospital system drew those observers across the Atlantic – and why they found themselves drawn by them.

⁷⁵ Jacalyn Duffin, *To See With a Better Eye: a Life of R. T. H. Laennec*, Princeton: Princeton University Press (1998), 111.

⁷⁶ Maulitz, *Morbid*, 37.

Chapter Two:

American Medical Observers in Paris

The phenomenon of foreign medical observers was not unique to the 1820s-1840s. While this period saw many such individuals coming to Paris, other countries enjoyed the medical limelight from the seventeenth to the late nineteenth century. As early as the seventeenth century, foreigners came to the Dutch city of Leyden as medical observers. By the eighteenth century, the centre of the European medical world had shifted to London and Edinburgh. After Napoleon's final defeat, from approximately 1820-1860, France was open to medical tourists from America and the rest of Europe, and received them in droves. By the late nineteenth century, the focus of attention in medical circles had shifted once more, to Vienna.¹

While the first chapter painted a picture of the French medical establishment as it evolved through the eighteenth century, this chapter explores what the revamped system of French medicine meant to both France and the rest of the world. This is accomplished by referring to the works and diaries of the high numbers of medical men who flocked to Paris during the nineteenth century. There is a specific focus on American medical men during this time period, as they were the largest – and, in terms of correspondence and publication, the most prolific – group of medical observers to visit the surgical amphitheatres and lecture halls of Paris.

This chapter is organized into two sections. The first section deals with the motivations of these American medical men, examining both the numbers of medical observers who came overseas and the reasons behind their trans-Atlantic sojourns into

¹ Jonathan Mason Warren and John Collins Warren, *The Parisian Education of an American Surgeon: Letters of Jonathan Mason Warren, 1832-1835*, ed. Russell M. Jones, Philadelphia: American Philosophical Society (1978), 1-2.

the world of Parisian medicine. The first chapter already discussed the various institutional and methodological innovations that transformed French medicine: the renovation of the hospital system, the development of pathological anatomy, and an emphasis on medical education. However, this transformation of French medicine did not have much of an initial impact abroad. While the new French medicine profoundly affected medical theory and practice within France, this chapter argues that it was primarily the abundance of opportunity for practical study – personified in the plethora of important medical figures such as Guillaume Dupuytren in the amphitheatres and hospitals of Paris – in addition to the innovative nature of French medicine, that initially attracted medical observers from across the Atlantic.

The second section of this chapter explores the accounts of medical men in Paris during the 1820s to 1840s as chronicled in their journals, diaries and correspondence. These accounts contain first-person descriptions of the new French medicine, and cannot be ignored when searching for a cohesive picture of the medical world of the early nineteenth century. This section focuses on specific medical observers who spent time in Paris from the 1820s to the 1840s. The written accounts of these American medical observers offer insight into both the nature of the new French medicine and the state of medicine in their home country. While many medical observers offered much praise for the Paris medical establishment, there were also criticisms to be made that show some of its shortcomings.

It is difficult to gauge exactly how many American medical students and medical tourists visited Paris during the first half of the nineteenth century. While many published and private collections of correspondence from medical observers in Paris

exist during this time period, many of the names that are mentioned in these accounts do not appear in any university records. Many, if not the majority, of medical observers who studied in Paris did not formally enroll in educational institutions. Most did not receive a degree in a French university, save a handful of medical students from Louisiana who already fluently spoke some form of French.² American medical observers often found that the true value of Parisian medicine lay in surgical amphitheatres and private lectures, and would therefore not necessarily have enrolled at a university. The numbers of medical students and medical tourists that have been compiled in the following paragraph were gleaned from university rosters and personal correspondence, diaries, and other records. As such, the numbers are the lower limit of an estimate, rather than a definitive tally.

From 1820 to 1849, nearly four hundred American medical practitioners and medical students made the voyage across the Atlantic to study and observe in Paris. After the fall of Napoleon opened the borders for foreigners to travel safely into France, medical observers began to trickle into Paris to see for themselves whether or not the rumours about the French medical situation were true. Even before Napoleon was ousted, accounts of the innovative medical reforms that took place in Revolutionary France had made their way across the Channel. Some very few medical men made the journey during the first two decades of the nineteenth century, but they were few and far between.³ Between 1820 and 1829, 77 medical observers would make the trip. In the 1830s, news of the French medical establishment had been spread extensively through various media – personal letters, published accounts, newspapers – and 178 American

² John Warner, *Against the Spirit of System: The French Impulse in Nineteenth-Century American Medicine*, Princeton: Princeton University Press (1998), 38

³ Warner, *Spirit*, 35-37.

medical men would cross the Atlantic. From 1840 to 1849, another 123 observers would travel to Paris to take advantage of the new French medicine. In addition, though it falls outside the scope of this study, slightly more than three hundred would return in the 1850s and 1860s, after Paris had fallen from the position of “medical Mecca.” The majority of the members of this latter group were established medical practitioners in America; those who had been to Paris during its medical heyday and wished to return to the sites of their earlier intellectual endeavours.⁴

However, the question remains as to why hundreds of medical men chose to cross the Atlantic in the first place, and why they specifically traveled to France. The innovation and vibrancy of the new medical school of thought there, based as it was on a strict and methodical empiricism, was looked upon with disdain by many physicians as containing elements of Galenism. Galenism had been supplanted by a series of medical theories that stridently rejected the tenets of empiricism that had formed the core of Galenic thought. The new French medicine of observation, created in part by French philosopher and physician Pierre Jean George Cabanis, was a form of "sensual empiricism" that relied heavily upon the senses and rejected rationalism. This effort to overturn the medical community's misplaced faith in "reason" ran contrary to English and American models of medicine.⁵ For adherents of the older, more traditional school of medical thought, this created a natural resistance to some of the underlying tenets of French medical epistemology. For this reason, the new French medicine, influential as it may have been on the European continent, cannot by itself explain the influx of medical

⁴ Russell M. Jones, “American Doctors in Paris 1820-1861: A Statistical Profile,” *Journal of the History of Medicine and Allied Sciences* 25 (1970): 150.

⁵ Warner, *Spirit*, 224.

observers who flooded to France during the first half of the nineteenth century. One must first look to America to explain these medical pilgrimages.

The medical education system in America resembled the pre-Revolutionary system in France in many ways. While there was very little in the way of formal requirements necessary to become a professional physician in nineteenth-century America, this is not to say that American medical professionals did not take their education seriously. Some aspiring practitioners may have taken advantage of this lack of formal professional standards to practice medicine without a medical license; many physicians took it upon themselves to find ways to advance their education. Beyond a personal desire for legitimacy and adequacy in one's chosen profession, medical students and practitioners alike had a more tangible reason to further their education in visible and quantifiable ways: money. Laxity in formal licensing and structured education meant that almost any determined individual could practice medicine with or without a degree, which may or may not have been obtained legitimately. This meant that the medical marketplace was flooded with practitioners of dubious qualifications, each of which competing with the others for paying patients. In France, this very issue had been addressed by the various governing bodies of the Revolutionary period, and medical training had been largely standardized as a result. For a medical student preparing to enter this competitive field or an established practitioner who wished to acquire an edge over his colleagues, study abroad could possibly mean the difference between a successful practice and being crowded out of the business altogether.⁶

The competitive nature of the medical marketplace in America was not the only consideration that led medical men to travel to France in search of instruction. The

⁶ Warner, *Spirit*, 18-19.

nature of medical training in America during the early nineteenth century was reminiscent of medical education in pre-Revolutionary France. A medical student could expect instruction in theory, physiology, pathology, and anatomy, but would receive these lessons via lectures. Practical experience was absent from university curricula; the prospective student was expected to find as preceptor an established physician who would accept him as an apprentice. The student would then assist and observe the preceptor to glean practical experience.⁷

However, even for those students who could find a competent and willing preceptor, their practical education was sure to be lacking in some regards. For instance, few students could receive much practical instruction in anatomical dissection due to a lack of suitable cadavers; even medical schools were chronically short on bodies for dissection. This shortage was in large part due to the moral climate of the country; dissection and autopsy were practices frowned-upon for religious reasons. This reverence for the dead often stood in the way of medical science. James Jackson, Jr. – an American medical student who spent several years in Paris in order to further his medical education – wrote to his father about his mentor, Pierre-Charles-Alexandre Louis on this subject, explaining that Louis surpassed his father in his knowledge of morbid anatomy, "for in our country it is impossible to follow this subject with such freedom, owing to the prejudices existing among us."⁸ Many medical students were left with no other option but to illegally purchase corpses from grave-robbers or to engage in the practice themselves.⁹ There was no shortage of medical cadavers in France at this

⁷ Warner, *Spirit*, 18.

⁸ James Jackson, *A Memoir of James Jackson, Jr. M. D. with extracts from his letters to his father, and medical cases, collected by him*, Boston: I.R. Butts (1835), 131.

⁹ Warner, *Spirit*, 25.

time, and this fact likely played a role in the decision of American and English medical men to travel overseas. In contrast to France, Britain – long a forerunner in both medical theory and practice – also suffered from a shortage of practical experience stemming in part from a lack of cadavers upon which to practice. Accordingly, the nineteenth century also saw a significant number of British medical observers make the trip across the Channel to explore what French medicine had to offer.¹⁰

In addition to a paucity of practical experience, medical schools in America varied greatly in the opportunity for bedside or clinical observation. This was of less importance during the first decades of the nineteenth century, as medical education in America did not place the same importance on clinical instruction that France did after the Revolution. However, as the early American medical observers returned from Paris, their promotion of the French model of clinical education prompted more Americans to seek this instruction overseas.¹¹ F. Campbell Stewart, American physician and medical travel writer, in his 1843 guide to Parisian hospitals, observed that nowhere else in the world could “the same practical experience be acquired by the attentive student as in the French capital.”¹²

The above points outline reasons that Americans would have for leaving the continent and seeking medical instruction in Europe, but one must also understand why Paris was chosen as the destination of so many medical students and medical tourists. Many historians maintain that it was the preeminence of France in the field of medical science, the roots of which was outlined in the first chapter of this study, that drew

¹⁰ Warner, *Spirit*, 196.

¹¹ Warner, *Spirit*, 27.

¹² Ferdinand Campbell Stewart, *The Hospitals and Surgeons of Paris: An Historical and Statistical Account of the Civil Hospitals of Paris*, New York: J & H. G. Langley (1843), xvi.

American observers to the hospitals and lecture halls of Paris, much as the foremost centres of medical science in the Netherlands in the seventeenth century and in Edinburgh and London in the eighteenth century had attracted medical tourists.¹³ However, while London remained an important centre of medicine – many American medical men made or planned sojourns to London during their tenure in France – it was overshadowed by the opportunities in Paris. The question becomes not only why did American medical observers travel to Paris, but also why they chose not to travel to London instead. The great London physicians were indeed held in high esteem by their American counterparts, and the instruction that American medical men would receive in London would be of high caliber; moreover, all such instruction and relevant papers would be delivered in English rather than French, a language spoken by relatively few Americans. Despite the relatively recent War of Independence that soured the opinions of many Americans concerning the English, their shared cultural background conceivably could have predisposed Americans to choose London over Paris as the site of their medical pilgrimage, assuming standards and opportunity were equal in the two capitals.¹⁴

However, standards and opportunity were not equal. It was the aforementioned ease of access to practical experience and clinical instruction that set Paris apart from other centres of medical study in the nineteenth century. Physicians who traveled from Paris to London during their medical journey abroad often noted, as did Henry Ingersoll Bowditch – who visited Paris in both 1832 and 1834 – the paucity of both hospitals and

¹³ Richard Shryock, *The Development of Modern Medicine: An Interpretation of the Social and Scientific Factors Involved*, Madison: University of Wisconsin Press (1979), 193.

¹⁴ Warner, *Spirit*, 68-69.

knowledge in London when compared to Paris.¹⁵ Published accounts of the merits of the new French medicine began to trickle back to America as early as 1820, at the same time as descriptions of the shortcomings of London and Edinburgh were being filtered back across the Atlantic by the medical men who were returning from those locales.¹⁶ Published accounts in medical journals and newspapers fueled the exodus of American medical men, aided by word of mouth spread by those who had recently returned from Paris. Those physicians who did travel to London found that while the opportunity for clinical experience did present itself, it was quite costly. James Jackson, Jr., writing to his father during his 1831-1833 European medical tour, recounted how in Paris he could “follow 3 or 4 Hosp[itals]...for ¼ the money that it will cost me to be admitted to Guy’s [Hospital in London] alone.”¹⁷ Jonathan Mason Warren thought that Paris offered “much greater advantages for study than London from the greater number of public hospitals and lectures” and specifically “private courses which for certain branches must be very valuable.”¹⁸

In addition to the official monetary cost and the comparatively few opportunities for study, Americans viewed the English medical system as a closed system that functioned primarily on money and special favour, whereas the Parisian system was open and meritocratic. London hospitals – private organizations run by boards of governors – were operated with finances in mind, often selling clinical appointments in order to make a profit. By contrast, Parisian hospitals were administered by the

¹⁵ Vincent Yardley Bowditch, *Life and Correspondence of Henry Ingersoll Bowditch*, Cambridge: Riverside Press (1902), 64.

¹⁶ Warner, *Spirit*, 38.

¹⁷ Jackson, *Memoir*, 152.

¹⁸ Warren, *Parisian*, 120.

government and the appointment of physicians and interns were decided by a series of competitive examinations.¹⁹

The vibrancy of the new French medicine was accompanied by a stagnation of English medicine in the first decades of the nineteenth century. English intellectuals had begun to argue that the physical sciences were in decline in their own country. In terms of medicine, this did not mean that English medicine was regressing in some form or another, but that England was beginning to be outstripped by its closest continental neighbour.²⁰ It must be emphasized that it was medical *science*, not practice, which was the issue at stake; English and American physicians and surgeons often saw French medical practice as rather backward; French patient care, for instance, was denounced as deplorable.²¹ This can be partly explained away as national and professional rivalry, but that is not to say that the claims of English and American medical men were baseless. French medical practice had gained a rather sour reputation in the years prior to the Revolution; crowded, filthy hospitals and high mortality rates had contributed to a negative image of French medicine.

The difference in the medical systems of France and England affected medical students and tourists in several ways. The prospective visitor to an English hospital would be expected to produce letters of introduction – written by an established professional known to the physician to whom it would be presented – that would determine whether or not they would be admitted. Most physicians and surgeons of Parisian hospitals did not require letters of introduction and some viewed such

¹⁹ Warner, *Spirit*, 72-73.

²⁰ Warner, *Spirit*, 195.

²¹ Warner, *Spirit*, 224.

formalities as beneath them. Jonathan Mason Warren wrote of “one poor Englishman” who brought a letter to the famed surgeon, Guillaume Dupuytren, who

took no notice of it for some time and when he finally troubled himself to read it, which he did very deliberately, the man standing in the depths of despair all the time, he looked at him over his shoulder, said he was happy to see him, threw the letter down and walked to his next hall.²²

The meritocratic nature of the English hospital system and the formal institutions that were integral to its operation were not the only differences between the medical systems of France and England. Whereas a foreign medical man visiting London might be excluded from hospital rounds without special permission, or be required to pay a considerable sum to be allowed to attend lectures, both clinical rounds and lectures were often free for foreign medical men in Paris. These free lectures and courses were the result of government policy, one which had developed out of a pre-existing Napoleonic policy that recognized the advantage of the admiration of foreign visitors to the capital.²³ Since lectures and courses were free or only demanded a nominal sum for enrolment, one visiting medical student, Jonathan Mason Warren, often spent quite large sums on medical textbooks, instruments, and skulls – his father was interested in phrenology – to send back to America. On one occasion, Warren sent French anatomist Jean Cruveilhier’s *Morbid Anatomy*, Alibert’s work on diseases of the skin, and German physician Franz Daniel Reisseisen’s plates on the lungs to his father. In addition to these texts, Warren sent along Dupuytren’s enteretome – an instrument for operating on anal fistula – and scissors designed to open intestines.²⁴ The anatomical texts in France, compiled over the course of hundreds of post-mortem examinations and illustrated

²² Warren, *Parisian*, 90.

²³ Warner, *Spirit*, 71.

²⁴ Warren, *Parisian*, 98-99.

skillfully, were considered above and beyond what was available in America at the time.²⁵

Those medical men who did make the trip to Paris during the nineteenth century would find the aforementioned lectures and university courses invaluable to their medical education. Many of those who studied in Paris wrote voluminous accounts of their observational experiences in the surgical amphitheatres and lecture halls of the French capital. Many of these take the form of personal journals or letters home to family members. Some, such as James Jackson, Jr. and Jonathan Mason Warren, wrote very detailed accounts of the hundreds of medical procedures and dissections they witnessed during their stays in Paris and sent them in letters home to their fathers, who were established medical professionals. Generally speaking, the information contained in correspondence and personal journals can be organized into three categories: descriptions of medical procedures, accounts describing the manner and skill – or lack thereof – of French physicians, surgeons, and lecturers, and musings on the character of the new French medicine and on the medical sciences themselves.

The diaries and correspondence of American medical tourists offer insights into the nature of the new French medicine, as well as the attitudes of the new wave of French medical men. Jonathan Mason Warren, the son of Boston surgeon John Collins Warren, who spent more than a year in total in Paris between 1832 and 1834, observed that the nature of medicine seemed to be changing. Warren described the mannerisms of various French physicians: Jacques Lisfranc as a “tyrant to his patients” and accounts of Guillaume Dupuytren’s “brutality to his patients” despite being “said to be the most

²⁵ Warren, *Parisian*, 72-76.

polite of any of the French physicians.”²⁶ James Jackson Jr. commented upon what he identified as the sad state of diagnosis and treatment in the early nineteenth century, writing “how unhappily imperfect are our histories of even the most common diseases!” and, in reference to the overuse of chemical treatments of dubious value, “this chemical rage enrages me.”²⁷ Jackson Jr. also commented on the reason for his days spent in the wards of Parisian hospitals: he was “learning to observe.”²⁸ These snippets offer a glimpse into how medical men of the time viewed the changes that were taking place in their field, both in terms of the changing structure of medical knowledge and the resulting shift in medical authority.

In addition to correspondence and diaries of medical tourists, the published works of medical men who made the trip to France during this time period must also be considered. For instance, American doctor Elisha Bartlett made several trips overseas and returned with some thorough historical and statistical descriptions of the various medical institutions of France, including comparisons of mortality rates, number of beds, and all manner of details that were integral to hospital administration. Like Warren, Bartlett also offered several accounts of French physicians and the nature of French medicine, describing the surgeon and lecturer M. Roux as sloppy and inattentive, of “nervous temperament” and “exceedingly irascible.”²⁹ Similarly, in 1843 Ferdinand Campbell Stewart published a guidebook to Parisian medicine for American medical

²⁶ Warren, *Parisian*, 108, 116.

²⁷ Jackson, *Memoir*, 143.

²⁸ Jackson, *Memoir*, 125.

²⁹ Elisha Bartlett, “Account of *La Charité* in Paris,” *American Journal of Medical Science* 6 (1829): 374-376.

tourists, writing of the sordid history of Parisian hospitals and the beneficial changes that were wrought after the Revolution.³⁰

Jonathan Mason Warren often wrote to his surgeon father during his stay in Paris. Not long after arriving in Paris, Warren describes his daily course of study to his father during which he attended various lectures and observed many procedures. Starting at six o'clock in the morning, Warren attended pathologist Auguste François Chomel until eight, surgeon and anatomist Guillaume Dupuytren until nine, followed lectures from nine until eleven, Balthasar Anthelme Richerand from twelve until one, and surgeon Jean Nicolas Marjolin or pathologist Gabriel Andral from three until four in the afternoon. In the evening, Warren would occupy himself with readings and the study of the French language.³¹ This was a typical course of study for a newly-arrived American medical student in Paris, though it usually changed rather significantly during their tenure in the French capital. After spending some time attending university courses and lectures, many American medical students in Paris found that they were receiving more useful and practical instruction in the various hospitals of Paris, following noted physicians as they made their rounds. This was certainly the case for Warren, as he soon "changed the scene of action" and began to accompany famed physician Pierre-Charles-Alexandre Louis on his rounds at La Pitié, noting that while "the labour is more yet it is at least refreshing to see the attention given to the examination and diagnosis of disease so seldom attended to by surgeons."³²

The above emphasis on the utility of clinical education is echoed in many accounts written by medical men in Paris. James Jackson Jr. also followed Louis

³⁰ Stewart, *Civil*, 32.

³¹ Warren, *Parisian*, 100.

³² Warren, *Parisian*, 234.

through his wards for a time, praising his “statistical method” – Louis was the first to implement statistical records to test the efficacy of treatments – and taking advantage of the educational opportunity in “learning to observe.”³³ Warren praised Louis as “the greatest pathologist in the world at the present day.”³⁴ Other disciples of Louis were the physicians George B. Shattuck and, perhaps most notably, Alfred Stillé, future president of the American Medical Association.

Prior to Warren’s partial abandonment of the surgical amphitheatres and lecture halls, he described at length various operations and techniques that he observed while in Paris. He wrote of the successful practice of lithotrity – the crushing of stones in the urinary tract so that they may be expelled naturally – and lithotomy – the surgical extraction of the same stones – on several occasions.³⁵ Warren also had the chance to perform operations with some of the leading names in lithotrity, such as Jean Zuléma Amussat.³⁶ Warren also narrated the details of Dupuytren’s signature artificial anus operation in the case of anal fistula.³⁷ On one occasion, he remarked of Dupuytren’s growing carelessness in his operations due to overconfidence in his surgical prowess. While operating on a strangulated hernia, Dupuytren “cut directly into the intestine. He very coolly raised his head and said, “Voilà: Messieurs la matière fecale,” and quickly stitched it up.”³⁸ Warren also paid attention to non-surgical practices, such as the procedure for setting broken limbs or the treatment of anthrax.³⁹ Warren spoke highly of Dupuytren’s procedure for leg fractures, in which a pyramid of cushions was used to

³³ Jackson, *Memoir*, 123-125.

³⁴ Warren, *Parisian*, 119.

³⁵ Warren, *Parisian*, 76-79, 80-83.

³⁶ Warren, *Parisian*, 117.

³⁷ Warren, *Parisian*, 108.

³⁸ Warren, *Parisian*, 140.

³⁹ Warren, *Parisian*, 100, 112.

raise the knee and allow gentle, natural traction to aid in the healing of the broken bone. Warren remarked that they had “always 4 or 5 patients under this treatment and they are cured without deformity.”⁴⁰ In some cases, however, Warren’s observations are telling examples of the need for further refinement of surgical method in nineteenth-century medicine. On one occasion, he recounted that “a hernia was beautifully operated by Roux last week, the patient, however, as usual died.”⁴¹

As one may glean from the above quotations, not all the comments contained in medical students’ correspondence were positive. In fact, though Warren was later to sing the praises of Louis and clinical medicine, he had an initially unfavourable opinion of the new French medicine. While he lauded Paris for its wealth of opportunity for attending lectures and the large number of hospitals that allowed for first-hand, practical observation, he went on to say that “their practice of medicine and surgery I think but little of” and that French medicine seems to hinge upon “the natural history of disease” – referring to the study of the disease over the patient – and “perform[ing] an operation beautifully and quickly than on sav[ing] the life of a patient.” Warren believed that “every student should see the English practice after studying in Paris as they are very apt to fall into the French mode of considering disease.”⁴² American medical practice at the time was closely related to the English model, and was thus seen by Warren as a safeguard against the theoretical aspects – those spectres of empiricism that lingered around French medical science – of the new French medicine. Warren would come to change his mind by the end of his stay in Paris, eventually concluding that while he continued to believe the practice of surgery was more advanced in England and America

⁴⁰ Warren, *Parisian*, 101-102.

⁴¹ Warren, *Parisian*, 139.

⁴² Warren, *Parisian*, 120.

than in France, the practice and theory of medicine “is now under the effort of Louis and his followers in a degree emerging from that cloudy and theoretical state which the English have never dared to enter.”⁴³ It is interesting to note how Warren’s opinion changed during his stay in Paris, and by the middle of the nineteenth century he was certainly not the only American in Paris to tout the virtues of the new French medicine.

James Jackson Jr. also wrote of the nature of medical science while he was in France, but his experiences in the lecture halls and wards of Paris prompted him to primarily reflect upon the state of medicine as a science, rather than focus upon the particularities of Parisian or American medical practice. In a rather dramatic letter, he lamented:

Is it not deplorable that our science is yet so impotent...Is it not deplorable that we are obliged to rest satisfied with the discovery of the existence of an aneurism...only at a time when they are so far advanced as to be beyond our aid?⁴⁴

Frustration at the late identification of disease was a theme in Jackson Jr.’s writings, along with the inadequacy of texts and materials that existed at the time. He posed another rhetorical question of whether or not there were “too many books devoted to the nice diagnosis of an advanced disease, inevitably fatal, and too few upon that of a commencing disease.”⁴⁵ He later bemoaned the state of diagnosis once more when he wrote of “how unhappily imperfect are our histories of even the most common diseases! How often have exceptional cases been mistaken for ordinary ones!”⁴⁶ By the end of his medical pilgrimage, Jackson Jr. – who, like Jonathan Mason Warren, had become a “disciple” of Pierre-Charles-Alexandre Louis – had developed a healthy respect for

⁴³ Warren, *Parisian*, 234.

⁴⁴ Jackson, *Memoirs*, 94-95.

⁴⁵ Jackson, *Memoirs*, 95.

⁴⁶ Jackson, *Memoirs*, 122.

Parisian medicine, but still saw room for improvement. Jackson Jr. noted that “morbid anatomy does not tell us all” and that though he learned more in France through observation than he could have in America, that the French method was “by no means the only the only mode in which we are to study the intricacies of pathology.” Jackson concluded this line of reasoning by considering the merits of including other disciplines in the study of medicine, wondering “how much chemistry is to yield, how much a more intimate knowledge of physiology.”⁴⁷

In response to the fact that many American medical students and medical tourists were unfamiliar with the nature of French medical science – and even with the geographical layout of the hospitals and surgical amphitheatres – guidebooks began to appear. Ferdinand Campbell Stewart wrote one such guidebook, designed to give Americans some idea of the state of medical practice and education in Paris. Campbell Stewart also published a statistical account of the hospitals in Paris in 1843, a result of his experiences in the French capital, which traced the development of the French hospital system as outlined in the first chapter of this study.⁴⁸ Campbell Stewart and many other returning Americans published books or journal articles that analyzed and described both the new French medicine and French medical professionals. One of the most prolific American medical men to write of Parisian medical institutions was Elisha Bartlett, who visited Paris on several occasions between 1827 and 1845. Bartlett toured the various hospitals of Paris; some of his writings include accounts of La Pitié (which housed poor patients) l’Hôpital Necker (one of the model hospitals that predated the Revolution), l’Hôpital des Veneriens (a venereal disease hospital), and the Hôtel Dieu

⁴⁷ Jackson, *Memoir*, 161.

⁴⁸ Stewart, *Civil*, 32.

itself. These accounts, published over a period of several years following his return from his initial trip to Paris, provided information for American medical professionals at home and may well have influenced their decisions to make trips overseas.

In his lengthy account of the Hôtel Dieu, Bartlett wrote of the history of the institution, exploring how the reforms of the late eighteenth and early nineteenth centuries transformed that Paris hospital from a “frightful picture of suffering, and an appalling table of mortality” where “the evil produced by it was incalculably greater than the good” into a “place of refuge and relief for the unfortunate sick and wounded” and a “valuable school for the study and advancement of that divine art” of medicine.⁴⁹ Bartlett primarily credited the institutional reforms that took place during and immediately after the Revolution for this striking transformation.

The published works of men such as Ferdinand Campbell Stewart and Elisha Bartlett served a dual purpose. Not only did medical guidebooks and statistical analyses of Parisian hospitals showcase how the institutional and methodological reforms discussed in the first chapter of this study radically changed the face of French medical science, they also served as publicity for the concept of the medical pilgrimage. Similarly, the accounts of medical students such as Henry Ingersoll Bowditch, Jonathan Mason Warren and James Jackson Jr. in Paris during the nineteenth century provide insight into Parisian medical education, French medicine in general, and the state of medical science itself. Official medical education in France, primarily in the form university courses and lectures, is described in the accounts of American medical observers as readily available and affordable, but hardly the most important aspect of the

⁴⁹ Elisha Bartlett, “Account of the Hôtel Dieu at Paris,” *American Journal of Medical Science* 1 (1827): 377-378.

Parisian medical scene. Instead, medical students who traveled to Paris during the nineteenth century spent the majority of their time attending public surgical demonstrations, observing and performing dissections, and – most importantly in their eyes – following some of the most famous French diagnosticians and physicians as they made their rounds in the halls of various Parisian hospitals. An emphasis on practical, hands-on experience and clinical instruction characterized the medical pilgrimages of Americans in France during the height of Paris' medical dominance from the 1820s to the 1840s.

One of the underlying themes that can be found in the account of any reasonably lengthy medical tour of Paris is – somewhat unsurprisingly – theoretical discussion of medical science itself. Some medical students, such as Jonathan Mason Warren, were skeptical of the nature of French medical science, worrying that treating disease and skillfully performing surgery had usurped caring for the actual patient as the focus of medical practice. Others, like James Jackson Jr., saw the shortcomings in French medical science as universal flaws in the state of nineteenth-century medical practice. It is from this observation that another question arises. While from a presentist standpoint it may seem that the development of pathological anatomy and the reform of the hospital system were steps towards the modernization of the field of medicine, there was much debate during the nineteenth century – and afterwards, as well – over whether or not the new French medicine was a step in the right direction. The third, and final, chapter of this study will examine that question.

Chapter Three:

Power and Authority in Medicine

The first two chapters of this study focused primarily on how and why Paris became the epicentre of the medical world from 1820 to the 1840s. This final chapter revisits the diaries and journals that were the focus of the second chapter while exploring modern reinterpretations of the phenomenon of the new French medicine. Chief among the authors of these modern treatments of the subject was Michel Foucault, whose *Birth of the Clinic: An Archaeology of Medical Perception* (1963) traced both the advent of doctor-led hospital care and the appearance of the teaching hospital in France during the late eighteenth and early nineteenth centuries. In doing so Foucault offered a wide-ranging, and powerful, critique of the evolution of French medical authority. Comparatively less well-known is the more sociological approach taken by N.D. Jewson in “The Disappearance of the Sick Man from Medical Cosmology 1770-1870,” (1976) but it also provides an interpretation of the transition from patient-led to doctor-led medicine and the reworking of medical power and authority in Revolutionary France.

This chapter contends that the journals and correspondence of American medical observers both during and after their trips to France have value not only as first-hand accounts of the new French medicine, but also as glimpses of some of the more negative aspects of medical authority. The correspondence of the medical observers who were discussed in the previous chapter provides insight into some of Foucault’s and Jewson’s analyses, offering several concrete, first-hand examples of their comments on and criticisms of medical power and authority, hospitals, and spatialization.

Before proceeding to an analysis of the primary sources, however, a more detailed analysis of Foucault's ideas is in order. Foucault, in his *Birth of the Clinic*, described the advent of teaching hospitals and hospital medicine in eighteenth and nineteenth century France as a break in epistemology rather than a product of the natural evolution of empiricism. Medical theory had changed between the early eighteenth and mid-nineteenth century; the old theory of sympathies depended heavily on vicinities and correspondences, while the new theory was based on the localization of disease and visible lesions.¹ However, both theories were still dependent on the location or seat of disease. The defining characteristic of the new French medicine and pathological anatomy could be construed as a more specific and more scientific outgrowth of the existing system. The most important tool of the new medicine, for Foucault, was what he called the *regard*, or medical gaze. This was a qualitative gaze that allowed the physician or surgeon to differentiate between similar conditions by examining the quality of membranes or tissues, or by evaluating the nature of discharge or lesions.² Foucault writes of the medical gaze as the most important tool of the modern doctor. It is this tool that supposedly allows the doctor to strip away all that is unimportant and trivial in order to penetrate the location and nature of the disease.³ In Foucault's eyes, the medical gaze was "the functional equivalent of fire in chemical combustion"; it was the catalyst in the entire diagnostic process.⁴ Doctors now came to 'know' illness by "subtracting the individual" and of the "decipherment of disease... based on a subtle

¹ Michel Foucault, *The Birth of the Clinic: an Archaeology of Medical Perception*, New York: Pantheon Books (1973), 1-2.

² Foucault, *Birth*, 15.

³ Foucault, *Birth*, 14-15.

⁴ Foucault, *Birth*, 147.

form of perception.”⁵ Bedside experience and observation was now a constant in medical practice, with medical theory providing the source for perpetual change.⁶

The notion of the objectivity or professional detachment of the surgeon or physician underlies Foucault’s concept of the medical gaze. By stripping away the patient and the physical body itself, the successful physician can penetrate the disease or affliction without depending on the supposedly unreliable claims of the patient. By focusing on the physical, the physician attempts to make the intangible tangible and the invisible visible. This concept is somewhat difficult to wrap one’s head around, as it attributes nearly supernatural properties to the physician’s gaze. Indeed, the qualitative nature of the medical gaze implies that there was much speculation and guesswork involved with the diagnosis of disease based on the examination of living and dead tissue. Moreover, due to the emphasis on structures and symptoms that were visible and discernible to the naked eye, technology and innovations at the level of the invisible were summarily rejected by most proponents of the new French medicine.⁷ The reluctance of French hospitals to adopt technology such as the microscope would later contribute to the decline of Paris as the centre of the medical world.

At the time, though, proponents of the new medicine saw this method of diagnosis as offering a more critical and analytical approach than the humoralism of the previous centuries. As we have seen, the theoretical underpinnings of the new French medicine focus heavily on observation and the visible. Cabanis was primarily concerned with applying the powers of the senses to medical study, touting the virtues of observation years before such principles were applied to French medical study.

⁵ Foucault, *Birth*, 15.

⁶ Foucault, *Birth*, 64-65.

⁷ Foucault, *Birth*, 206.

Another architect of nineteenth-century French medical epistemology and practice, Jean-Nicolas Corvisart, also emphasized the importance of sensory information. A proponent of the practice of auscultation – the use of a stethoscope or other device to listen to the sounds of the body – Corvisart opined on the merits of observation:

He is the greatest physician who is the most profound in thought, as he will see, with a better eye, the nicest phenomena of life and predict more remotely the kind of disease which threatens an individual.⁸

Corvisart was expressing a fairly widespread sentiment among French medical professionals during the late eighteenth and early nineteenth centuries. This explicit description of the desired impact of observation in medical diagnoses – the physician who can stand removed from the patient and penetrate the nature of the illness with his gaze alone – closely resembles the Foucauldian construct of the medical gaze. As we shall see, American medical observers both endorsed that this approach was central to the new French medicine, and expressed reservations about some of its implications.

Another key element of Foucault's interpretation is the claim that pathological anatomy – the foundation around which the new French medicine was built – was not actually a new medical methodology. Instead, for Foucault, pathological anatomy was characterized by the usage of new, more precise terminology. Pre-existing concepts and constructs were reexamined from another vantage point – inside the cadaver itself, in the case of pathological anatomy – and the visible aspects were redefined and recast in different terms.⁹ Unfortunately for the purposes of this study, the third section of Foucault's argument is both the best-documented and yet the most difficult to assess. In the opening pages of *The Birth of the Clinic*, Foucault gives two examples of an internal

⁸ Jean-Nicolas Corvisart, quoted in Jacalyn Duffin, *To See With a Better Eye: A Life of R.T.H. Laennec*, Princeton: Princeton University Press (1998), cover page.

⁹ Foucault, *Birth*, ix.

ailment described by an attending physician: one in the middle of the eighteenth century and the other one hundred years later. He compares the “membranous tissues like pieces of damp parchment” described by the eighteenth-century account to the “false membranes [which] are often transparent” and are sometimes “so tenuous that they might be compared to spider’s web” of the mid-nineteenth-century interpretation.¹⁰ Foucault argued that the physician’s understanding of the condition neither improved nor became more objective; the descriptions are indeed distinct, but differ only in terminology and the type of analogy – usually non-scientific in nature – used to describe the structures of the body. For Foucault, this meant that old knowledge was being repackaged through the use of a new descriptive vocabulary.

The other crucial facet of the Foucauldian interpretation of the French medical revolution is the concept of spatialization. This is not to be confused with the localization of disease that had occurred in medical theory in the eighteenth century; Foucault’s theory of spatialization is a process in which he divided medical practice itself into specific segments. These stages traced the evolution of medical thought and practice from a system wherein the patient was of utmost importance to one where the disease achieved the dominant role.¹¹ Foucault’s concept of spatialization within the medical field is three-fold. Primary spatialization sees disease situated in medical homology in such a way that the afflicted individual receives no positive status. In other words, the disease begins to be elevated in importance above the patient. Secondary spatialization is based upon the development and refinement of an “acute perception of the individual,” as the doctor and patient are placed in “ever-greater proximity.” The

¹⁰ Foucault, *Birth*, ix-x.

¹¹ Foucault, *Birth*, 16-17.

doctor becomes even more attentive, and the medical gaze more penetrating. Tertiary spatialization is comprised of the isolation, division, and distribution of the diseased, arranging them in the most favourable and convenient way. For Foucault, hospital reform in France was one of the most important elements in the creation and application of the medical gaze. Prior to the widespread hospital reform that occurred in France during the late eighteenth and early nineteenth centuries, physicians were unable to truly observe patients in any meaningful way. Crowded, filthy conditions, high mortality rates and inadequate record-keeping meant doctors rarely had a chance to observe the patients who streamed in – and sometimes, out – of Ancien Regime hospitals. By bringing the patients into the hospital and separating them into wards, the doctor could now examine and observe the patient – or, more specifically, the disease – in a way that was impossible before the advent of hospital-based medicine. According to Foucault, it was the clinic that subjected the patient to the constant gaze of the medical professional; it was, in fact, the first attempt to build a science around diagnoses and decisions made on this basis.¹² It was also another method by which the medical professional exerted authority over the patient. The patient, categorized according to disease into the proper ward and under close bedside supervision, had much less ability to influence the medical care that was received. This suited the physicians' and surgeons' wishes, as Foucault believed they were interested in the disease inside the patient rather than the human being as a whole.

Moreover, the spatialization of medicine contains an implicit ranking system; not only do different types of illnesses and afflictions rate their own ward – or an entire hospital – but this means that some diseases will be considered higher priority than

¹² Foucault, *Birth*, 54.

others. This may be considered a natural development in French medicine; triage is an important component of battlefield medicine and, as mentioned previously in this study, military medicine played a large role in the recreation of French medicine.¹³ Thus, as physicians and surgeons began to adopt pathological anatomy and tissue pathology, and as their theoretical *modus operandi* and hospital medicine became dominant in France, hospitals became more specialized and compartmentalized. This happened in two different ways: an internal reorganization of hospital care and the external creation of specialized hospitals. Whereas before, hospitals were comprised of large, open areas with communal beds often containing several patients with different diseases, French hospital administrators in the nineteenth century started to separate and categorize illnesses. Separate wards were created for contagious diseases, patients recovering from or awaiting surgery, women who were expecting a child or had recently given birth, and specialized wards for afflictions of the skin, the eyes, and other parts of the body.¹⁴ Hospitals dedicated to specific illnesses or specific groups had existed in France prior to the nineteenth century, but these were generally limited to hospitals serving veterans, the poor, or those afflicted with venereal disease. New hospitals geared towards the care of children, the blind and other groups started to spring up around France in the nineteenth century.¹⁵

While the spatialization of medical care had a positive effect on mortality rates – organizing patients into wards by illness would have certainly cut down on cross-infection between patients with different diseases in the same ward, or even the same

¹³ David M. Vess, *Medical Revolution in France 1789-1796*, Gainesville: University Presses of Florida (1975), 5.

¹⁴ Dora Weiner, *The Citizen-Patient in Revolutionary and Imperial Paris*, Baltimore: Johns Hopkins University Press (1993), 190.

¹⁵ Weiner, *Citizen-Patient*, 211, 225.

bed – it also meant that diseases were being shunted into rigid, linear categories. This categorization is what allowed Pierre-Charles-Alexandre Louis to implement his oft-celebrated application of statistics to the practice of hospital medicine. This spatialization is what Foucault referred to as “drawing a map of disease.”¹⁶ For Foucault, this was a negative change in the organization of medical care; the easy categorization of patients and the numerical method reduced the personal liberties of the hospitalized individual. Commenting that “the hospital is an artificial locus in which the transplanted disease runs the risk of losing its essential identity,” Foucault drew attention to the depersonalizing effect of hospitals on patients and disease.¹⁷ He believed that the categorization of medical cases was an undesirable element of medical reform, and preferred a “free spatialization” for disease, without constraints or privileges.¹⁸ In addition to Foucault’s arguments against spatialization in the name of fairness and objectivity, he objected that the categorization of patients into wards and special hospitals further removed the actual human element from the disease. The doctor no longer saw a man with a high temperature and a woman with chest pain; instead, the physician catalogued a case of typhoid fever and a case of pleurisy.

N. D. Jewson, a sociologist, also wrote of the changing face of medicine in the eighteenth- and nineteenth-century. While he does not speak of the Foucauldian gaze in his work on medical cosmologies, he noted that hospital medicine was indeed dependent on statistically-oriented clinical observation and that diagnosis depended entirely on physical examination before and after death. This diagnosis was founded upon the observation of visible organic structures rather than a “verbal analysis of subjectively

¹⁶ Foucault, *Birth*, 33.

¹⁷ Foucault, *Birth*, 16-17.

¹⁸ Foucault, *Birth*, 19.

defined sensations and feelings.”¹⁹ Jewson described the transition from bedside medicine to hospital medicine and from hospital medicine to laboratory medicine. This transition transformed medicine from a person-oriented to an object-oriented medical cosmology. Hospital medicine was the intermediate step on the road to a completely object-oriented form of medical study.²⁰ This new hospital-patient dynamic was characterized by the absolute authority of the doctor over all aspects of the patient’s well-being, whereas the old doctor-patient relationship – in which patients often consulted a doctor privately and had a degree of choice of whether or not to take the advice of the practitioner – placed the power in the hands of the patient.²¹

The question remains as to how early nineteenth-century American observers perceived and evaluated these processes. Their comments regarding the significance of close observation and regarding doctor-patient relationships in the French medical system suggests that they saw their French counterparts as particularly reliant upon detached, ‘scientific’ observation and that they were ambivalent about the implications of this practice. Jonathan Mason Warren, in his letters home, often wrote of observation and of the role it played in hospital medicine. He pointed out how his friend and mentor Pierre-Charles-Alexandre Louis “works entirely for the advance of science” and how, in order to advance medical science, Louis “has given up his practice almost entirely and devoted himself to study and observation.”²² James Jackson, in the notes to his son’s memoirs, wrote of Louis’ life. Jackson explained that Louis, upon entering the medical profession, was dissatisfied with the current state of medical science and set out to

¹⁹ N.D. Jewson, “The Disappearance of the Sick Man from Medical Cosmology, 1770-1870,” *Sociology* 10 (1976):228-229.

²⁰ Jewson, “Disappearance”, 234-236.

²¹ Jewson, “Disappearance”, 232-233.

²² Warren, *Parisian*, 124.

develop a more rigorous method of information collection and diagnosis.²³ Jackson described Louis as "the only physician who has devoted himself for years... to simple observation, without the distraction of medical practice."²⁴ In 1832, Louis went one step further and founded The Society of Medical Observation, which, as the name suggests, was a group of medical men dedicated to furthering the cause of observation in medical science.²⁵ Interestingly, James Jackson, Jr. and Jonathan Mason Warren were founding members of the Society.

Nevertheless, this heavy focus on observation – the “gaze” of the physician – and the concomitant ‘spatialization’ or categorization of the diseased through observation and statistical methods, also drew comments from American medical observers, particularly James Jackson. On the one hand, the above methods could be considered as having a positive effect on patient care; disease was identified more quickly, allowing treatment to be administered promptly. However, nineteenth-century medicine focused on certain ailments – most notably, epidemic diseases and conditions that required surgery. And the emphasis on pathological anatomy in French medicine led medical professionals to focus on such diseases that left physical evidence in tissues after death. Physicians and surgeons, using the new tradition of pathological anatomy, often could not definitively identify a disease or infection until they examined the cadaver. This meant that initial diagnoses and categorizations could be based on faulty assumptions, leading to inappropriate treatment. Furthermore, while French medical and surgical techniques had improved since the days of purgatives and bloodletting, many afflictions were still beyond their capabilities.

²³ Jackson, *Memoir*, 60.

²⁴ Jackson, *Memoir*, 62.

²⁵ Jackson, *Memoir*, 34.

James Jackson Jr., despite being a disciple of Louis – the man who pioneered the emphasis upon observation and the use of statistical methods in hospitals – was occasionally skeptical of his mentor’s categorical diagnostic method. In one section of his memoirs, he expressed his unhappiness with the “imperfect” histories of disease, exclaiming “how often have exceptional cases been mistaken for common ones!”²⁶ This single exclamation may be read primarily as a criticism of diagnostic method during this period; Jackson also lamented that modern medicine allowed medical professionals to detect life-threatening conditions “only at a time when they are so far advanced as to be beyond our aid.” Here, he was reminding himself – and the reader – of the fact that French medicine, while advanced, still needed improvement.²⁷ Nevertheless, Jackson believed that an even stricter reliance on Louis’ numerical method, rather than relying on the imperfect memories of medical men, would aid in increasing the accuracy of diagnoses.²⁸ He believed that one could not have a categorical diagnostic method without a complementary numerical method. Thus, while drawing attention to some of the practical shortcomings of categorization and close observation, Jackson did not foreshadow Foucault’s concerns about the de-humanizing implications of this approach. It is not to say that Jackson, Jr. was negligent in his patient care; his father wrote that when he arrived in Paris “he at once went into hospitals and learned to talk among the sick.”²⁹

Most American medical observers also commented in detail on the practical techniques used in Paris during this period. Whether the operations described were new

²⁶ Jackson, *Memoir*, 122.

²⁷ Jackson, *Memoir*, 95.

²⁸ Jackson, *Memoir*, 124.

²⁹ Jackson, *Memoir*, 48.

procedures, old procedures performed with new tools, or simply old procedures performed especially skillfully, most American medical observers filled their journals and letters home with depictions of the French surgical masters at work. In most cases, such as those of James Jackson, Jr. and Jonathan Mason Warren, these descriptions formed the bulk of their correspondence with their fathers, who were established physicians. For instance, Warren's letters home are full of description after description; he described operations such as the lithotomy and lithotrity, lectures and courses he attended on various topics such as dermatology, the treatment of anthrax, and many other surgical operations and medical lectures.³⁰

Foucault's concept of the new French medicine as old methods clothed in new descriptive language breaks down somewhat in the face of some of the above examples. Lithotomy – an invasive procedure designed to surgically remove stones in the kidney or bladder – had indeed existed for thousands of years, and though the operation was certainly described in a different manner in previous centuries, it was also performed in a different manner. Improvements in tools and technique had made the procedure much safer and more successful. Lithotrity – a procedure now sometimes known as lithotripsy in which the stone is ground up with a small drill or otherwise crushed while still inside the body, allowing it to pass naturally – was in fact developed by a French surgeon, Jean Civiale, during the early nineteenth century. Again, the method of description is new, but in this case the procedure itself was new as well. Rather than simply being a new description of an old method, lithotrity was a mark of the innovation of the period.³¹

³⁰ Warren, *Parisian*, 76-79, 80-83, 86-89, 112, 114.

³¹ Laurence Brockliss and Colin Jones, *The Medical World of Early Modern France*, Oxford: Clarendon Press (1997), 556-557.

Nevertheless, some descriptions do seem to be more precise versions of old procedures. A translated account of a Muslim surgeon in the eleventh century described how one must “incise the area between the anus and the testicles not in the mid-line but to the side of the left buttock,” and how the incision itself “is made oblique, wide externally but narrowing inwards to a size just enough to allow the exit of the stone.”³² This description is functionally identical to the same procedure performed in the nineteenth century as observed by Jonathan Mason Warren. However, in this case, the operation was described as follows: “The incision was then made of about two inches transversely through the middle of the perineum.”³³ Very little about the operation had changed in approximately eight hundred years, save the instruments that were used in the operation.

Contemporary American accounts of surgical or theoretical lectures follow Foucault’s ideas more closely. With Bichat’s 1801 work on tissue pathology forming part of the basis of the new French medicine, the seat of disease had moved from an unspecified location in the body or an unspecified location in the organs to the tissues and fibres of the body itself.³⁴ One must realize that this did not automatically mean that the physicians and surgeons of the nineteenth century understood any more about disease than they had before; it simply gave them a new place to look. This corresponded with new language and new descriptive tools as they shifted their focus to the tissues rather than the body as a whole. This can be seen in the autopsy of James

³² Rabie E. Abdel-Halim, “Extraction of urinary bladder stone as described by Abul-Qasim Khalaf ibn Abbas Alzahrawi (Albucasis) (325-404 H, 930-1013 AD): A translation of original text and a commentary,” *Saudi Medical Journal* 24 (2003): 1285.

³³ Warren, *Parisian*, 82.

³⁴ Russell C. Maulitz, *Morbid Appearances: The Anatomy of Pathology in the Early Nineteenth Century*, Cambridge: Cambridge University Press (1987), 12.

Jackson, Jr. himself, who died at 24 years of age on 29 March, 1834, not long after returning from France. The autopsy notes are quite detailed and pay specific attention to the colour and texture of the tissues themselves, taking special note of the "mucous coat of the rectum" which was "very dark and thickened," the "lower edge of the left lung slightly adherent to diaphragm," and the fact that the "pericardium has reddish patches and a slight effusion of coagulating lymph" and "also contains a semi-opaque fluid."³⁵

American medical observers discerned the centrality of the gaze and spatialization in the new French medicine. Did they also express concern about the depersonalization that Foucault commented upon? The fact that French medical professionals and American medical observers were very interested in the opportunity for rigorous bedside observation does not necessarily mean that they did not care about the patients. Clinical objectivity did not originate with the birth of hospital medicine, and should not be mistaken for outright aloofness. That said, in his memoirs, James Jackson, Jr. mused on the subject of finding proof of the efficacy of therapeutics "what a pity, scientifically considered, that we cannot be entirely indifferent to results."³⁶ This desire for objectivity and professional indifference could easily be misinterpreted as a lack of respect for the actual patient. Jackson, Jr. also wrote of the importance of observation and objectivity in relation to the Society of Medical Observation, speaking of how he was "learning to observe."³⁷ Jackson, Jr., like other American medical men who came to Paris during the nineteenth century, often expressed enthusiasm for the opportunities made available to him by the French medical system. His lamentations of the shortcomings of medical practice while in France were by and large indictments of

³⁵ Jackson, *Memoir*, 73.

³⁶ Jackson, *Memoir*, 175.

³⁷ Jackson, *Memoir*, 125.

the entire practice of medicine rather than of French medicine in particular; while medicine at the Hôtel Dieu and La Charité was not always perfect, the theory and practice of medicine were viewed by Jackson, Jr. as fundamentally flawed overall.

Professionalism aside, there are several accounts of the physicians and surgeons of Parisian hospitals that demonstrate a rather cavalier and callous attitude toward their patients. Elisha Bartlett, in his account of La Charité, described the surgeon M. Roux as sloppy and inattentive in his surgeries, and of a nervous and irascible temperament. Bartlett described Roux as rarely traveling the wards “without scolding in good earnest a considerable number of his patients.”³⁸ Warren’s letters also contain anecdotes to the same effect; in one letter, he wrote of Dupuytren’s carelessness, citing the case of two young boys who had undergone lithotrity. Both were seized upon by fits of pain and vomiting, which was later attributed – after an additional surgery – to pieces of the stone that had been left in the bladder. Warren attributed this to “the vanity of Dupuytren, who likes much to make a show and is commonly talking during the whole operation.”³⁹ Bartlett, in his account of the Hôtel Dieu, spoke of Dupuytren as “cold and forbidding” and noted that “some anecdotes are told of him, which partake of the most cold-blooded cruelty.” Bartlett, however, was careful to point out that he observed no such acts.⁴⁰ Warren wrote that Dupuytren “thinks nothing of striking his patient” and gives another instance of this “brutality to his patients.” Warren tells of how the patient who enters in consultation with Dupuytren is often “immediately seized by the nose and pulled down

³⁸ Elisha Bartlett, “Account of La Charité in Paris,” *American Journal of Medical Science* 6 (1829): 376.

³⁹ Warren, *Parisian*, 89.

⁴⁰ Elisha Bartlett, “Account of the Hôtel Dieu at Paris,” *American Journal of Medical Science* 1 (1827): 382-383.

on to his knees where he remains half in sorrow and half in anger at the treatment until he is allowed to rise and describe his disease.”⁴¹

In one of the above examples, Dupuytren likely was trying to observe physical symptoms before trusting the word of the patient. He was known for being suspicious and scornful of patients’ accounts of their own afflictions, reveling in the opportunity to catch them in a lie.⁴² Additionally, some of the above behaviour may be explained away as individual personalities reacting to the spotlight of global recognition. With medical students and established medical men from around the world flocking to France to experience what the new French medicine had to offer, the physicians and surgeons of Parisian hospitals enjoyed a kind of fame that had been unknown to them prior to the nineteenth century. While many of the medical professionals of the Paris hospitals had achieved recognition within France and, to a lesser extent, in the medical circles of neighbouring countries, the French medical system was now the focus of worldwide attention. Though foreign medical observers may have been chiefly interested in the opportunity for dissection, bedside observation, and other types of practical experience, the lecturers, physicians and surgeons of the Paris hospitals were the ones who ran the show.

The writings of Foucault and Jewson both speak of the subjugation of the patient to the disease in the new French medicine. Hospital-based medicine – Foucault’s “clinic” – introduced the statistical method and clinical observation into the mainstream of medical practice. The Foucauldian concept of spatialization can be seen in both the reorganization of the French hospital system and the development of hospital medicine

⁴¹ Warren, *Parisian*, 108.

⁴² Bartlett, “Hôtel Dieu”, 382-383.

itself, and the emphasis on observation and visible phenomena fits nicely into the Foucauldian construct of the “medical gaze.” Some American medical observers in France during the early nineteenth century wrote of their experiences, lending credence to Foucault’s claims that the clinic stripped the patient from the disease, though also expressing enthusiasm about facets of the French system. Men such as Jonathan Mason Warren, Elisha Bartlett, and James Jackson, Jr. expressed their thoughts and concerns about the new French medicine and with the physicians and surgeons who composed its vanguard. These first-hand observations support Foucault’s claims while simultaneously providing an account of the new French medicine that is not often mentioned in historical works on the subject.

Conclusion

While focused on the years leading up to the French Revolution and the decades after the fall of Napoleon, this study traces the development and evolution of French medicine and medical institutions over a period of nearly one hundred years. From the first tentative steps toward the rejection of Galenism – a school of medical theory and practice that had reigned in the Western world for more than a thousand years – in the early eighteenth century to the influx of medical students and medical tourists in the nineteenth century, this examination has necessarily covered much ground. This wealth of information provided the necessary framework for the core of this study, which examined the writings and recollections of American medical men who visited Paris during the nineteenth century. The personal correspondence and published accounts of these men – men such as James Jackson, Jr., Jonathan Mason Warren, Henry Ingersoll Bowditch, and Elisha Bartlett – offer first-hand insights into all aspects of the nature of the new French medicine. In some cases the musings in these written accounts support modern re-interpretations of the development of hospital medicine. Revisionist accounts such as Michel Foucault's *Birth of the Clinic* paint a picture of power and authority in Parisian hospitals; a medical system based on the disease rather than the patient.

The broad scope of this examination – encompassing as it does a range of subjects – closely mirrors the structure of eighteenth- and nineteenth-century French medicine itself. Medicine in pre-Revolutionary France was a synthesis of myriad differing opinions and theories, treatments and cures, techniques and practices. Physicians and surgeons were organized into separate academies and societies. Professional medical men competed for business with a large number of unlicensed,

popular practitioners who were not necessarily formally trained or educated. Hospitals were incredibly numerous houses of charity run by the Church for the ailing poor. No centralized system of standards or guidelines existed for the hospital system in France; each hospital diagnosed, treated and prescribed according to the discretion of the physicians, surgeons and nurses. This would not have been a serious problem had there been some sort of organized, rigorous system of medical education in France prior to the Revolution. Unfortunately, standards of education and training varied widely from one department to another; as a result, the level of competent medical care fluctuated wildly.

One must not think, however, that the Revolution brought about an overnight, wholly unexpected change in the French medical system. Intellectual and philosophical movements that preceded the Revolution sowed seeds of change that would not reach maturity until after the Terror of 1793-1794. Men such as Pierre Jean George Cabanis and Félix Vicq d'Azyr were proponents of theoretical and institutional change in the field of medicine. Cabanis called for a shift in medical epistemology and an emphasis on the power of the senses, and Vicq d'Azyr desired reform and revision of the standards of French medical institutions and medical education. Others, such as Jacques-René Tenon, toured French hospitals and wrote of their inadequacies, calling for sweeping reform of the miserable Hôtel Dieu in Paris and others.

The Revolutionary governments reacted to the medical situation in France in a rather extreme way, abolishing the hospitals and medical academies and societies. However, the demands of the military would soon force standardized medical training to the forefront of the Revolutionary agenda to meet the mounting need for competent military medical officers. The Revolutionary Wars saw the recreation of French medical

institutions along much the same lines as those desired by early reformers such as Vicq d'Azyr and Tenon.

With the weakening of the Galenic school of medicine and the reorganization of medical institutions and education, the time was ripe for a new school of medical thought to arise in France. In 1801, influenced by Cabanis' ideas and working in the hospital – the workshop of the new French medicine – physiologist Marie François Xavier Bichat created the medical science of pathological anatomy. Relying heavily on observation and autopsy as information-gathering methods, Bichat's pathological anatomy would become the dominant force in medical theory and practice in French hospitals not long after his death in 1802. Pathological anatomy, which had been made possible by the changing intellectual climate and hospital reform, would have a profound impact on visiting foreign medical professionals during the nineteenth century.

However, it was not the superiority of French medical science that originally drew most medical students and tourists across the Atlantic. It was rather the abundance of opportunity for practical study – in the form of personal observation, hands-on bedside patient care and the availability of cadavers for dissection – that tempted Americans to leave their home for continental Europe. The relative lack of practical experience in American medical curricula played a large role in the decision of medical students and professionals alike to embark upon a pilgrimage to France.

It was not until American medical men had experienced first-hand the new observation-based medical methodology that had been adopted in France that they began to see the merits of French medical science. In addition to their exposure to the science of pathological anatomy, many American medical observers – especially those

who became disciples of the Parisian physician Pierre-Charles-Alexandre Louis – also learned of the benefits of the application of the statistical method to the practice of medicine. These medical observers, skeptical as they may have been about French medical science at the outset of their journeys, soon discovered that France had more to offer than simply a plethora of hospitals and medical cadavers.

Though the majority of the musings and recollections of the visiting American medical men were positive accounts of their experiences, their writings were far from sycophantic praise. Some disagreed with French surgical practice and with the nature of French medical thought itself, though they also often lamented the current state of medical practice in general. Though the medical techniques that these observers witnessed in France were often further advanced than those with which they were familiar, they were moved to consider how much farther still medical science could progress.

However, not all speculations were confined to the technical and theoretical realms of medical science. American medical observers also wrote of the opinions and attitudes of the French physicians and surgeons that manned the halls of Parisian hospitals. Rather unfavourable accounts of Guillaume Dupuytren and Jacques Lisfranc appear in the pages of Jonathan Mason Warren's correspondence and Elisha Bartlett's published accounts of Parisian medical institutions. These writings also contain references to the importance of practical experience, observation, and the growing authority of the physician in the hospital.

American medical observers in France sometimes philosophized on the nature of medical science; some began to reconsider the methodology and goals of their

profession in light of their experiences in Parisian hospitals. There were concerns expressed over the overarching purpose of the medical professional in the nineteenth century. The birth of hospital-based medicine presented a conundrum for many medical theorists; medicine was beginning to appear less focused on the patient and more concerned with the disease itself. One hundred years later, with the above question in mind, historians, philosophers and sociologists alike would look back at this critical period in the history of medicine and re-evaluate the significance and impact of the new French medicine.

Foucault wrote extensively on the birth of hospital-based medicine and depersonalization of patients, elevation of the importance of disease, and the growing authority of doctors. He created a concept of the *regard* or “medical gaze” that could – thanks to the reorganization of Parisian hospitals and the changing state of medical authority – be brought to bear on the patient, stripping away the individual to discern the nature of the affliction. Foucault also wrote of the growing authority of medical professionals in more general terms and of how the focus of medical science shifted from healing the patient to treating the disease.

While their attitude might be characterized as ambivalent rather than uniformly hostile, the personal correspondence and other writings of American medical men often support Foucault’s claims. It is not that these letters and articles were full of accounts of dehumanizing treatment – though some first-hand accounts do exist – but rather that the attitudes of the doctors and surgeons of Parisian hospitals did not give one the impression that they cared for the actual patient as a human being. Instead, they were interested in the challenge that the disease presented them. Of course, this should not be

construed as a universal indictment of the newly-reformed French medical system, but rather as an early symptom of what Foucault would have seen as a larger issue.

However, it was not the purpose of this study – nor that of Foucault’s *Birth of the Clinic* – to judge the new French medicine as an unjust institution. While previous studies have explored the utility of these journals, letters and articles with reference to American medical reform in particular, this examination has shown that the writings of American medical observers – hundreds of whom crossed the Atlantic to visit French medical institutions during the nineteenth century – contain valuable information that relates to the state of nineteenth-century medicine as a whole. Even taking into account personal and national bias in the opinions and judgments of American medical observers in France, the writings of these individuals offer keen insight into the nature of medical science at the time. In addition, this study has demonstrated that many of the medical students and medical tourists who visited France during the nineteenth century noticed the somewhat more sinister side of the medical profession that was developing: the significant shift in authority whereby power was removed from the patients and bestowed upon the physicians and surgeons. Medicine was being transformed from a patient-led to a doctor-led system of medical care.

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Curriculum Vitae

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